**For Office Use**

Student No.................................................

Application fee enclosed............................

**Maryvale Institute**



**Higher Institute of Religious Sciences**

**Bachelor of Divinity Programme**

**APPLICATION FORM**

Pathway for which you are applying............................................................................

Title (Mrs, Mr, Rev, Dr, Sr etc).................... Surname......................................................

First Name (s).....................................................................................................................

Home Address....................................................................................................................

…………………………………………………………………………………………….

…………………………………………………………………………………………….

Town...................................................................................................................................

County.................................................................................................................................

Postcode....................................................... Country.........................................................

Tel No.......................................................... Mobile No.....................................................

Daytime Contact No............................................................................................................

Email....................................................................................................................................

***All correspondence related to this course will be sent to you via the email address indicated.***

Diocese........................................................ Parish.............................................................

Date of Birth................................................ Gender........................................................... Nationality.................................................... Lay, cleric, or religious..................................

***For Non-European Nationals***

**Passport details:**

Full name as shown on Passport: .......................................................................................................................

Country of Issue: ..............................................................................................................................................

Number: ....................................................... Expiry date: .........................................

**If resident in the UK:**

How long have you lived in the UK or other country of the European Union?

....................................................................................................................................

If the answer to the above question is less than 3 years, please give details of when you arrived and whether you have any study or residence permits: ........................................................................................................................................................................................................................................................................................................................................................

Below give details: (Start date and length) of any leave to remain, study or residence permits which you have (**if applicable)**

........................................................................................................................................................................................................................................................................................................................................................

**NB: You will need to present evidence of your Residence/Leave Permit to Maryvale Institute prior to commencing the course**

#### **Ethnicity**, please tick one of the boxes below (the categories are those defined by the Higher Education Statistics Agency Combined Record) *completion of this section is optional*

|  |  |  |  |
| --- | --- | --- | --- |
| Black or Black British - Caribbean |  | Mixed- White and Asian |  |
| Black or Black British - African |  | Other Mixed background |  |
| Other Black background |  | Other Ethnic background |  |
| Asian or Asian British - Indian |  | White |  |
| Asian or Asian British - Pakistani |  | White - British |  |
| Asian or Asian British - Bangladeshi |  | White - Irish |  |
| Chinese or Other Ethnic background- Chinese |  | White - Scottish |  |
| Other Asian background |  | Irish Traveller |  |
| Mixed- White and Black Caribbean |  | Other White background |  |
| Mixed- White and Black African |  | Not known |  |

**Use of English**

All Higher Education programmes offered by Maryvale Institute are written, delivered and assessed exclusively in English. For applicants for whom English is not their native language the Institute requires evidence of proficiency in written and spoken English; the evidence accepted must be one of the following:

* International English Language Testing System (IELTS): minimum average of 6.5 overall, with no sub-test below 6.0.
* Michigan Test of English Language Proficiency (MTELP): minimum equated score of 90.
* Test of English as a Foreign Language (TOEFL): minimum paper-based total of 550, computer based total of 213, or internet-based total of 79.
* Cambridge Certificate of Proficiency in English (CPE): minimum grade of C.

|  |  |  |
| --- | --- | --- |
| **Testing Body** | **Date** | **Level/Grade awarded** |
|  |  |  |
|  |  |  |

**Certificated proof of this evidence will be requested before the application is accepted.**

If you do not have the required proficiency in English, please indicate below your plans to achieve this by the commencement of the course

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**General Information**

#### Present Occupation.............................................................................................................

Outline of previous occupations you wish to mention

..................................................................................................................................................................

..................................................................................................................................................................

..................................................................................................................................................................

#### Any previous work experience relevant to the course

..................................................................................................................................................................

..................................................................................................................................................................

..................................................................................................................................................................

..................................................................................................................................................................

#### Parish work or involvement in parish life

..................................................................................................................................................................

..................................................................................................................................................................

..................................................................................................................................................................

#### Other interest or hobbies

..................................................................................................................................................................

..................................................................................................................................................................

..................................................................................................................................................................

### Education & Qualification Information

Secondary Schools - State the qualification, grade awarded and year of award.

|  |  |  |
| --- | --- | --- |
| QUALIFICATION  ....................................................................................................... | GRADE  ..................... | YEAR  ......................... |
| ....................................................................................................... | ..................... | ......................... |
| ....................................................................................................... | ..................... | ......................... |
| ....................................................................................................... | ..................... | ......................... |
| ....................................................................................................... | ..................... | ......................... |
| ....................................................................................................... | ..................... | ......................... |
| ....................................................................................................... | ..................... | ......................... |
| ....................................................................................................... | ..................... | ......................... |
| ....................................................................................................... | ..................... | ......................... |
| ....................................................................................................... | ..................... | ......................... |
| ....................................................................................................... | ..................... | ......................... |

Further and/or Higher Education Qualifications at Colleges, Universities or Polytechnics State the qualification, grade awarded and year of award

|  |  |  |
| --- | --- | --- |
| QUALIFICATION | GRADE | YEAR |
| ....................................................................................................... | ..................... | ......................... |
| ....................................................................................................... | ..................... | ......................... |
| ....................................................................................................... | ..................... | ......................... |
| ....................................................................................................... | ..................... | ......................... |
| ....................................................................................................... | ..................... | ......................... |
| ....................................................................................................... | ..................... | ......................... |

##### Professional Information

Professional, Technical or Vocational Qualifications

State the qualification, grade awarded and year of award

|  |  |  |
| --- | --- | --- |
| QUALIFICATION | GRADE | YEAR |
| ....................................................................................................... | ..................... | ......................... |
| ....................................................................................................... | ..................... | ......................... |
| ....................................................................................................... | ..................... | ......................... |
| ....................................................................................................... | ..................... | ......................... |

##### Additional Information

Do you consider yourself to have a disability?      YES/NO

If YES, please ensure that you complete the enclosed Disability Support Form and return this to the Disability Support Coordinator. Disclosing a disability will not be a factor in Institute’s decision as to whether or not to offer you a place on the course. However, it is important that the Institute knows if you have any specialist needs in order to provide you with appropriate support and facilities. This information will remain strictly confidential.

Do you have a medical or dietary consideration that we need to know about, or which might need special arrangements for Examinations or Residential course commitments?

..................................................................................................................................................................

..................................................................................................................................................................

How did you learn about this course?

..................................................................................................................................................................

…………………………………………………………………………………………………………..

Have you studied at Maryvale Institute previously? If so please state the name of the course/s and the qualifications obtained, with the date of completion.

..................................................................................................................................................................

..................................................................................................................................................................

***For the Ecclesial Service Diaconal Pathway ONLY***

***Students training for diaconal ordination please complete the following***

*Do you have the permission of your Diocese to join the course?.................................................................................... Name & Address of your Director of Training and Formation ...............................................................*

*..............................................................................................................................................*

***For Your Consideration***

Are you fully aware of the time and commitment needed for studies on this degree programme?

..................................................................................................................................................................

..................................................................................................................................................................

Have you given thought to the financial implications of this degree programme?

..................................................................................................................................................................

..................................................................................................................................................................

## *Statement to be signed by all students undertaking studies at Maryvale Institute:*

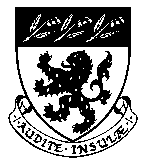
#### I, the undersigned, as a condition of my acceptance onto the..................................... programme of study, agree to abide by the Institute’s regulations and course requirements. I give assurance that my conduct throughout the course of study will be consistent with that normally associated with a community of learning and scholarship and with the ethos of the Institute.

#### I also declare that I am in full communion with the Catholic Church.

Signed …………………………..…………………. Date …………….……………..

(A copy of the Institute’s regulations, as well as a statement concerning the ethos of the Institute, can be found on the Maryvale website, or requested from the Institute)

**MARYVALE INSTITUTE**



***Disability Support***

If you declare a disability this will not be a factor in the Institute’s decision as to whether or not to offer you a place on the course. However it is important that the Institute knows if you have any specialist needs in order that we can provide you with appropriate support and facilities. This information will remain strictly confidential.

Do consider yourself to have a disability? Yes 🞏 No 🞏

Type of disability *(please tick the relevant box/es)*

|  |  |  |  |
| --- | --- | --- | --- |
| Specific learning disability e.g. dyslexia, dyspraxia, etc. |  | Blind/partially sighted |  |
| Autistic spectrum disorder/Asperger syndrome |  | Deaf/hearing impairment |  |
| Wheelchair user/mobility difficulty |  | Mental health difficulty |  |
| Multiple disabilities |  | Personal care support |  |
| Unseen disability e.g. diabetes, cancer, epilepsy, asthma,etc. (please specify below) |  | Other (please specify below) |  |

...................................................................................................................................................................

...................................................................................................................................................................

Nature of support required:

...................................................................................................................................................................

...................................................................................................................................................................

...................................................................................................................................................................

...................................................................................................................................................................

Do you agree that this information can (where applicable) be shared with the Programme Director in order to ensure the provision of suitable support? Yes 🞏 No 🞏

##### Additional Information

Do you have any other considerations e.g. dietary that we need to know about, or which might need special arrangements for Examinations or Residential course commitments?

..................................................................................................................................................................

..................................................................................................................................................................

..................................................................................................................................................................

Disabilities Support Co-ordinator – disabilitysupport@maryvale.ac.uk

##### REFERENCES

Please give the name, title and address of two referees, preferably one priest or religious and one lay person, who are prepared to write to us about your abilities, character and suitability for this course. (NB: For the Ecclesial Service Pathway a declaration from **a parish priest** that you have his permission for some limited practical work in his parish is also needed.) All applicants should pass on to their referees the Reference Request Forms, and ask them to return them directly to Maryvale Institute.

***Referee 1***

Name.................................................................................................................................

Address..............................................................................................................................

...........................................................................................................................................

...........................................................................................................................................

Tel.................................................................... Fax..........................................................

Email...................................................................................................................................

***Referee 2 (Parish Priest)***

Name..................................................................................................................................

Address...............................................................................................................................

...........................................................................................................................................

...........................................................................................................................................

Tel..................................................................... Fax..........................................................

Email...................................................................................................................................

***Student’s Signature****................................................................. Date* ......................................

##### PLEASE RETURN THIS FORM TO

B. Divinity Course Administrator

Maryvale Institute, Maryvale House, Old Oscott Hill, Kingstanding, Birmingham, B44 9AG

bdivadmin@maryvale.ac.uk

***TOGETHER WITH***

1. A non returnable application fee of £50 in the form of a cheque made payable to “MARYVALE INSTITUTE” ***(except for students for diaconal ordination)***
2. A Short statement outlining why you want to join this degree programme (***approximately 500 words, please)***

## Maryvale Institute



**Higher Institute of Religious Sciences**

**Reference Request Form**

**TO BE GIVEN TO YOUR REFEREE**

*(To be completed by the applicant)*

NAME OF APPLICANT ..............................................................................................

COURSE APPLIED FOR.............................................................................................

This person is applying to enter the above degree programme of Maryvale Institute, and has been asked to arrange for the submission of two supporting references. Thank you for being willing to give a reference for this applicant. Please complete this form and return it as soon as possible to:

**Course Administrator for (*PLEASE ENTER THE NAME OF COURSE AS WRITTEN ABOVE)***

**Maryvale Institute, Maryvale House, Old Oscott Hill, Kingstanding, Birmingham, B44 9AG**

1. In what capacity have you come to know this applicant? (e.g. as a personal friend, employee, colleague, student etc.)

..................................................................................................................................................................

..................................................................................................................................................................

1. How long have you known the person?

..................................................................................................................................................................

..................................................................................................................................................................

1. What is your candid assessment of the applicant’s personal qualities and suitability for academic study at undergraduate level? It would be helpful to refer to his intellectual abilities and commitment to independent academic work undertaken at home.

Please continue overleaf if you wish.

..................................................................................................................................................................

..................................................................................................................................................................

..................................................................................................................................................................

Please supply telephone number to enable us to verify this information if needed...................................................................

Referee Sign……………………………………………. Print Name …………………..……………….

## Maryvale Institute



**Higher Institute of Religious Sciences**

**Reference Request Form**

**TO BE GIVEN TO YOUR REFEREE**

*(To be completed by the applicant)*

NAME OF APPLICANT..............................................................................................

COURSE APPLIED FOR.............................................................................................

This person is applying to enter the above degree programme of the Maryvale Institute, and has been asked to arrange for the submission of two supporting references. Thank you for being willing to give a reference for this applicant. Please complete this form and return it as soon as possible to:

**Course Administrator for (*PLEASE ENTER THE NAME OF COURSE AS WRITTEN ABOVE)***

**Maryvale Institute, Maryvale House, Old Oscott Hill, Kingstanding, Birmingham, B44 9AG**

1. In what capacity have you come to know this applicant? (e.g. as a personal friend, employee, colleague, student etc.)

..................................................................................................................................................................

..................................................................................................................................................................

1. How long have you known the person?

..................................................................................................................................................................

..................................................................................................................................................................

1. What is your candid assessment of the applicant’s personal qualities and suitability for academic study at undergraduate level? It would be helpful to refer to his intellectual abilities and commitment to independent academic work undertaken at home.

Please continue overleaf if you wish.

..................................................................................................................................................................

..................................................................................................................................................................

..................................................................................................................................................................

Please supply telephone number to enable us to verify this information if needed...................................................................

Referee Sign……………………………………………. Print Name …………………..……………….

## Maryvale Institute



**Higher Institute of Religious Sciences**

**Parish permission form (For the BD Catechesis) TO BE GIVEN TO YOUR PARISH PRIEST**

*(To be completed by the applicant)*

NAME OF APPLICANT......................................................................................................

COURSE APPLIED FOR......................................................................................................

**INFORMATION FOR THE PARISH PRIEST**

This person is applying to enter the above Higher Education Certificate / Diploma / Honours Degree Programme of the Maryvale Institute. The student will be enrolled on the **PARISH CATECHESIS PATHWAY** (for the training of Parish Catechists by part-time distance learning.

While any assistance you, as the parish priest, might care to offer the student would be welcome, **the programme does not require you to undertake any work for the student. The course is self contained**. However, a measure of practical work is involved in this programme that requires the student to undertake some limited practical work in the parish or neighbouring parish. Your co-operation as parish priest with this aspect of the course is vital. Such practical work accounts for 30% of the student’s total marks for each year.

Maryvale Institute will not accept a student for this programme unless the Parish Priest is happy to permit such limited work.

**Section B (to be completed by the PARISH PRIEST of the student)**

**Has the student discussed these studies with you and shown you the application folder for this course?** ................................................................................................................................................

**Are you happy for the student to begin training as a Catechist?** ...................................................

**Do you anticipate that you will be happy to permit this student to observe catechetical work (as relevant to the student’s studies) and eventually to undertake some limited practical work in these areas, in your parish?** ..........................................................................................................................

**Has the student been registered for work with children?** ..................................................................

**If not, will you now register this student for such work in accordance with national and diocesan guidelines for Child Protection?** ............................................................................................................

**If you would like further information about the course or would like to discuss a particular issue, please do not hesitate to contact the Course Director at: *Maryvale Institute, Maryvale House, Old Oscott Hill, Birmingham B44 9AG. Telephone: 0121 360 8118.***

**SIGNATURE OF PARISH PRIEST**...............................................................**Date**...............................