

**School Chaplaincy Course Application Form 2021**

The course will run online on 29 April, 12 May, 13 May, 26 May, 9 June & 23 June from 9:30am -12noon.

On 1 July, from 10am - 3pm the course will meet in person (venue TBC).

**PERSONAL DETAILS**

Title..............................................

First name(s).......................................................................................................................................................

Surname..............................................................................................................................................................

Correspondence address: (Please let the CaSS office know if any of your details change.)

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Main telephone number .............................................................................................................................

Other phone number .............................................................................................................................

E-mail address .............................................................................................................................

Date of Birth ......../......../19........ Male / Female

**SPECIAL NEEDS** - Physical or other disability or condition which might necessitate special educational arrangements and support (Please supply supporting evidence if possible e.g. Dyslexia statement)

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**DIETARY NEEDS/ALLERGIES** (For refreshments etc.) ………………......................................................................... .............................................................................................................................................................................

**CHURCH DETAILS** ………………………………………………………………………………………………………………………………………….

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**SCHOOLS WORK** - Please give brief details of the work that you have undertaken with young people and your reasons for wishing to undertake this course............................................................................................. ............................................................................................................................................................................. ............................................................................................................................................................................. ..........................................................................................................................................................................................................................................................................................................................................................

**Data Protection** - Please note that all data supplied will be held securely by CaSS. You will only be contacted for purposes of the School Chaplaincy course, including any follow up information. **In order to be accepted on the course it is essential that you give consent to your data being used in this way by signing at the end of this form.**

**Please make sure you can attend all the training days.**

How did you hear about the school chaplaincy course?

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**Please indicate how your course fees will be paid:**

* In full (£50) by my church. Confirmed ☐ Not confirmed ☐
* In full (£50) by myself. Confirmed ☐ Not confirmed ☐
* Part funded by my church, and part funded by myself. Church: £………….. Myself: £……..……
* Not sure yet ☐

**Please return to: Fiona Walton at** [**fiona.walton@cass-su.org.uk**](mailto:fiona.walton@cass-su.org.uk) **or CaSS Office, 291 Abbeydale Road, Sheffield, S7 1FJ**

**I hereby apply to join the course and have provided details of how the course fees will be paid for.**

**SIGNED** (Learner) ........................................................................... Date............................................................