

COUNCIL OF THE BOARD OF RELIGIOUS STUDIES

REGISTRATION DETAILS

Information requested from those studying for the Catholic Certificate in Religious Studies

SURNAME:	<input type="text"/>	TITLE:	<input type="text"/>	DATE OF BIRTH
FIRST NAME(S):	<input type="text"/>			
HOME ADDRESS:	<input type="text"/>			
	<input type="text"/>			
POST CODE:	<input type="text"/>			
	Tel. No.		Mobile No.	
Name and Address of Parish:	<input type="text"/>			
	<input type="text"/>			
Name and Address of present School (for Teachers)	<input type="text"/>			
	Tel. No.			

Indicate your reason for following the Catholic Certificate in Religious Studies:
Training for teaching Parish Ministry Personal Interest

And indicate any relevant pastoral / parish involvement. _____

Any qualifications which are R.E. related. (e.g. GCSE, A-level)

Your Higher Education qualifications to date. State qualification, date awarded, awarding institution:

Any qualifications for which you are currently studying, stating qualification, date of completion, institution:

If you are a teacher:

How many years have you taught?

Are you in a Maintained / Independent school?

Are you in a Catholic / other school?

Are you a Primary/Secondary/FE/HE teacher?

State subject area _____

Signed: _____ Date: _____

This form, with £20 Registration fee (cheques made payable to "CCRS, Archdiocese of Liverpool") to be returned to the CCRS Coordinator, Liverpool Archdiocesan Centre for Evangelisation, Croxteth Drive, Liverpool L17 1AA