

PERSONAL CONTACT DETAILS



Name			
		Postcode	
Contact Number		Car Reg	
Email			

RELEVANT INFORMATION

Briefly outline your reasons for applying (include any relevant training)

Are you currently involved with healthcare visitation? If so, please give brief details about this.

OTHER INFORMATION

Is there any other information that you think would be useful?

Edgehill
Theological College
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NIHCA
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Data Protection

Edgehill Theological College values your privacy and operates in accordance with the provisions of the General Data Protection Regulation (GDPR). For a copy of the College's Privacy Policy, please visit our website.

The personal data you have supplied on this form will only be processed by college staff in the administration of this course and it will be shared with the course tutor(s) who require it in delivering the course. Unless you choose to opt in below, your personal data will only be held for the duration of the course.

I would like to remain on the College's mailing list to receive information on future courses and events.

Please send the completed application form **together with a letter of approval and recommendation from your minister/pastor/priest** by email to:

office@edgehillcollege.org

or by post to:
Healthcare Pastoral Visitation Course
Edgehill Theological College
Edgehill House
9 Lennoxvale
Belfast
BT9 5BY

As places are limited and will be allocated to successful applicants in order of applications received, you are encouraged to return your application as soon as possible.

PLEASE DO NOT ENCLOSE PAYMENT WITH THIS APPLICATION FORM