

**APPLICATION
FORM
FOR ENTRY
IN 2011**

**The College of the
Transfiguration**

Return completed form to: PO Box
77, Grahamstown 6140, Republic
of South Africa

Tel: (046) 622 3332
Fax: (046) 622 3877
Email: enquiries@cott.co.za

Personal Details

Title Male (M) Date of Birth
Female (F)

Surname/
Family name

First/given
name(s)

Postal
Address

Home
Address
(if different)

Mobile Phone Number

Home Phone Number
(including area code)

Work Phone Number
(including area code)

Email

Are you married? Yes No Do you have children? Yes No If you answered yes to either
of these questions please provide the following information as appropriate:

Name of Spouse Date of Birth

Names of Children	Date of Birth	
	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Will your spouse and/or children be accompanying you during your residence at the College?
Yes No

	From		To		PT/ FT*
	Month	Year	Month	Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Qualifications not yet completed or certificated (Academic or non-academic examinations or assessments to be completed, or results not yet published)*

Date of results of Examinations or Awards		Institution Attended/Awarding Body	Subject/course/unit/module/ component	Level/qual	Result Grade Mark or Band
Month	Year				

*Upon completion certified copies of certificates or Transcripts should be forwarded to the College

Details of paid employment to date

Names and addresses of recent employers	Nature of work	From		To		PT/FT
		Mth	Yr	Mth	Yr	

Special Needs or Support required during your residence at the College (e.g. medical, dietary)

Ecclesiastical Details

Parish (including contact details)

Diocese

Supervisor (e.g. Dean of Studies)

If a separate sheet of paper is used to provide the information requested below it should be securely attached to the application form.

Please outline the reasons for your application.

Provide a brief summary of your life experiences over the past few years (including, but not limited to parish/ministerial involvement).

Identify areas of your life in which you have grown during the last few years and areas that need further development.

In what ways do you expect your time at the College to aid your continued growth and development in the areas you have identified above?

What do you do to relax?

Linguistic Ability

Which languages do you speak?

Which languages can you read?

Which languages can you write?

Are you willing to learn other languages? Yes No

How would you rate your ability to speak English? Poor Average Good Excellent

How would you rate your ability to write English? Poor Average Good Excellent

How would you rate your ability to read English? Poor Average Good Excellent

Funding Details

Will your fees be paid by your Diocese? Yes No If you have answered no please indicate who will be paying your fees and provide their contact details

How long do you envisage attending the College? 1 Year 2 Years 3 Years Other

Declaration I confirm that the information given on this form is true, complete and accurate and no information requested or other information has been omitted. I understand that the data provided on this application form will be included in the management of all aspects of my membership of the College of the Transfiguration. I agree to observe the regulations and requirements of the College of the Transfiguration and to live in accordance with its Anglican ethos.*

Applicant's Signature Date

*Please note that the College reserves the right to request further information where this is deemed appropriate.

Reference (to be completed by the applicant's supervisor or someone who is familiar with the applicant's spiritual life and academic ability)

Name of referee

Post/Occupation/Relationship

Address

Tel Fax

Email

If a separate sheet of paper is used to provide the information requested below it should be securely attached to the application form.

Please provide a summary of your evaluation of the applicant with regard to his/her spirituality, participation in church life, and expression of pastoral and social concern.

In your opinion, in what areas does the applicant most need to develop and grow?

Applicant's Academic Ability

How would you rate the applicant's ability to speak English?

Poor Average Good Excellent

How would you rate the applicant's ability to write English?

Poor Average Good Excellent

How would you rate the applicant's ability to read English?

Poor Average Good Excellent

Has the applicant demonstrated the ability to learn from written study material? Yes No

Can the applicant formulate his/her own viewpoints in writing? Yes No

How would you evaluate the applicant's overall academic ability?

How long do you envisage the applicant spending at the College of the Transfiguration?

1 Year 2 Years 3 Years Other (please specify)

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Do you expect the applicant to complete his/her studies towards the Diploma in Theology or the Diploma in Christian Theology and Ministry during his/her time at the College of the Transfiguration? Yes No

Declaration I confirm that the information given on this form is true, complete and accurate and no information requested or other information has been omitted. I understand that the data provided on this application form will be included in the management of all aspects of the applicant's membership of the College of the Transfiguration.

Referee's Signature

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Date

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