

## 1. PERSONAL DETAILS

Title: Mr., Mrs., Ms., etc	Full name as it appears on your passport	Calling name (if different)	Previous surname (if different)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

City	County	EIRcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone number	Email address	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Male <input type="checkbox"/>	Female <input type="checkbox"/>	If born outside Ireland, date of entry to Ireland
Nationality	Country of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>

**PLEASE NOTE: We cannot accept INTERNATIONAL STUDENTS who require a student visa to study in Ireland. Our courses are not on the Irish Naturalisation and Immigration Service's IELP register for student visas.**

Current occupation and company name and address:	Full Time <input type="checkbox"/>	Part time <input type="checkbox"/>
<input type="text"/>		

## 2. EDUCATION

Please list your highest qualifications to date, including any Theological studies. Include copies of these certificates and awards with your application:

Qualification / Points:	Awarding body/school	Date:
<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"/>

## 3. APPLICATION DETAILS

Indicate below which course and study mode you are applying for. If you are unsure do not let that stop you from applying; these details can be discussed and decided later.

HE Certificate Applied Theology	Full Time <input type="checkbox"/>	Part time <input type="checkbox"/>	Evening <input type="checkbox"/>
HE Certificate Applied Theology with Youth Ministry	Full Time <input type="checkbox"/>	Part time <input type="checkbox"/>	
Graduate Diploma Applied Theology	Full Time <input type="checkbox"/>	Part time <input type="checkbox"/>	
BA Applied Theology	Full Time <input type="checkbox"/>	Part time <input type="checkbox"/>	
BA Applied Theology with Christian Leadership	Full Time <input type="checkbox"/>	Part time <input type="checkbox"/>	

Validated by: York St John University  IBI

If applying for an IBI validated course please indicate if you wish to study on a modular scheme Y  N

Application route: Academic route (Leaving Certificate of 224 points or above)  Associate route

## 4. CHURCH AFFILIATION AND MINISTRY EXPERIENCE

Church/Organisation which I attend/belong to/am affiliated with:

Church leader's name:

Address:

Phone:

Email:

List any ministry and/or leadership opportunities you have had.

Church/organisation

Ministry details including length of service.

Church/organisation

Ministry details including length of service.

I have discussed this application with my church leader. (Please tick)

I understand that IBI may contact them to discuss my application. (Please tick)

I understand IBI reserves the right to contact my church leader regarding issues of student welfare. (Please tick)

Church leader's signature: \_\_\_\_\_

## 5. PERSONAL STATEMENT

Personal statement (300-400 words):

Please enclose a personal statement which addresses the following:

- Your faith journey
- Why you chose to apply to IBI
- Your ministry and personal goals in relation to the course

(Please attach an additional sheet of paper or document for your personal statement)

## 6. REFEREES

Please give the name, address, email address, phone number, and state your relationship to, a church leader or ministry partner to whom we can apply for a ministry reference (e.g. home group leader, team leader). This should not be a close relative.

Name:
Address:
Email:
Telephone no:
Your relationship to the above:

Please give the name, address, email address, phone number, and state your relationship to, someone to whom we can apply for a character reference (employer, supervisor, teacher, someone in leadership in your church other than your ministry referee). This should not be a close relative.

Name:
Address:
Email:
Telephone no:
Your relationship to the above:

## 7. SPECIFIC LEARNING DIFFICULTIES

IBI welcomes students with disabilities, and will try to meet your needs wherever possible. The information you give here will help do this. Please give details of any Specific Learning Difficulties.

If you wish to have a Specific Learning Difficulty taken into consideration you will need to provide documentation confirming your diagnosis at the start of the programme.

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## 8. LANGUAGE

Is English your first language?  Yes  No

If no, please indicate any qualifications you have gained in English language to date. Enclose a copy of your IELTS Certificate or equivalent with a minimum score of 6.0.

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## 9. ADDITIONAL INFORMATION

Provide any other information you would like to offer in support of this application:

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## 10. APPLICATION FEE

Please pay the non-refundable application fee of €50 by going to our website at <http://ibi.ie/courses/ba-application-and-fees/>

You will receive an email and transaction number confirming receipt of your payment.

PayPal transaction number:

You may also send your application fee by post with this application if you would prefer.

## 11. DOCUMENTS TO INCLUDE WITH YOUR APPLICATION

- Copies of certificates, awards and academic transcripts from previous study.
- Your personal statement.
- A head and shoulders photograph of yourself. This can either be a passport photo if posting in an application, or an electronic photograph if applying by email.
- A copy of one item of photographic ID e.g. driving license or passport.
- Application fee/PayPal transaction number.
- Copy of IELTS certificate or equivalent (if applicable)

## 12. DATA PERMISSION

I understand that the information contained in this application will be held on the IBI student database, the Library system and Moodle (IBI's online learning platform) for the purposes of administering and providing services for my course of study. IBI will share registration and academic information with York St John University (YSJ) for the sole purpose of administering and validating any YSJ programme of study I embark upon.

IBI will hold my personal details securely and will not pass any of this information on to any third parties without my express consent. I will be notified by IBI of any events or employment opportunities, not delivered by IBI, but which the IBI academic team consider may be of interest or benefit to me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 13. DECLARATION

Please email a scanned copy of your application form and all supporting documents to [application@ibi.ie](mailto:application@ibi.ie) or post your application, with all supporting documents

Admissions Office  
IBI  
Ulysses House  
22/24 Foley Street  
Dublin 1

Once the required documentation has been received, we will confirm receipt with you by email. We will then verify your references and subsequently call you for interview. If you have any questions, please contact [sarah@ibi.ie](mailto:sarah@ibi.ie) / (01) 8069060.

To the best of my knowledge the information contained in this application is correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix 1

This information will only be kept by IBI for the duration of your study with us and will then be destroyed.

### MEDICAL INFORMATION AND NEXT OF KIN

Do you suffer from any illnesses, allergies or physical disabilities that IBI should be aware of? Yes  No

If yes, please specify:

Next of kin details.

In the event of an emergency IBI may need to contact a next of kin. Please provide contact details below.

Name

Telephone number

Alternate telephone number

Relationship to you

I understand that IBI reserves the right to contact my next of kin in an emergency (please tick)