

Application & Registration for Saint Anselm's Leadership Programme to be held in Rome

Please complete both sides of this page sign then follow the instructions on the back. **Please photocopy and retain for your reference.**

If there is anything you do not understand, please contact the Registrar at ++44 (0)1843 234 700 or email to: office@st.anselm.org.uk

Please check www.st.anselm.org.uk for updated information

Diploma Programme in Human Development, Leadership, Formation and Community Building

Please Tick I wish to apply for: ☐ **One Year Diploma Programme 1SAR30Sept26**

1st Term: 26th September 2027 – 17th December 2027

2nd Term: 3rd January 2028 – 19th May 2028

Your name must be written as it appears on your passport (use BLOCK CAPITALS please).

TITLE _____ SURNAME _____

FIRST NAME(S) _____

Name you wish to be called while at Saint Anselm's _____

ADDRESS _____

TEL.NO. _____ MOBILE/CELL _____

E-MAIL _____ DATE OF BIRTH _____

NATIONALITY _____

CONGREGATION/DIOCESE _____

Please tick from the following all aspects of the Programme that interest you: ☐ Academic ☐ Spiritual development

☐ Experiential (active participation) ☐ Skills development ☐ Personal growth and/or awareness

☐ Other: (please specify) _____

1. How did you hear about the Programme? _____

2. Do you have any questions about the Programme? _____

3. Have you had any counselling or therapy? Please give details. _____

4. Do you presently have any medical conditions or disabilities? Please give details. _____

5. Do you have special dietary or other needs? Please supply a Doctor's Certificate.

Unfortunately we cannot adjust for likes & dislikes. _____

6. On a separate sheet of paper, please write a letter telling us what your expectations are; what you wish to gain from your attendance and how that will affect what you plan or hope to do after you finish.

(Please turn over and complete the other side)

PLEASE USE BLOCK CAPITAL LETTERS

Your Major Superior, or if you are a diocesan priest, your Archbishop or Bishop

TITLE _____ FIRST NAME _____

SURNAME _____

ADDRESS _____

TEL. NO. _____ FAX NO. _____

EMAIL ADDRESS _____

First Referee

TITLE _____ FIRST NAME _____

SURNAME _____

ADDRESS _____

TEL. NO. _____ FAX NO. _____

EMAIL ADDRESS _____

Second Referee

TITLE _____ FIRST NAME _____

SURNAME _____

ADDRESS _____

TEL. NO. _____ FAX NO. _____

EMAIL ADDRESS _____

In addition to this form you will need: 1. A RECENT passport size photograph. 2. A detailed curriculum vitae. 3. Copies of all previous Educational Certificates. 4. Copy of Passport (colour).

I have enclosed ☐ My passport-sized photograph ☐ My detailed curriculum vitae ☐ A colour copy of my passport
☐ Copies of all previous Educational Certificates ☐ My letter describing my desires and intentions for this programme

I understand that smoking is not allowed anywhere on the property, including participants' rooms, and agree to comply with this rule.

Signed _____ **Date** _____

Please email to office@st.anselm.org.uk if not possible please post to: The Registrar, Institute of St Anselm, 12 Madeira Road, Cliftonville, Kent. CT9 2EU. United Kingdom.

Please check www.st.anselm.org.uk or email us for updated information