

UNDERGRADUATE

APPLICATION

1. PERSONAL DETAILS

Title: Mr., Mrs., Ms., etc Choose an item.

Full name as it appears on your passport: Click or tap here to enter text.

Calling name (if different): Click or tap here to enter text.

Address: Click or tap here to enter text.

City: Click or tap here to enter text.

County: Click or tap here to enter text.

EIRcode: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

Country of Birth: Click or tap here to enter text. Nationality : Click or tap here to enter text.

If born outside Ireland, date of entry to Ireland Click or tap here to enter text. Male [ ]  Female [ ]

**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 [ ]  Part time [ ]

 Click or tap here to enter text.

2. EDUCATIONAL DETAILS

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:

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3. APPLICATION DETAILS

Indicate below which course and study mode you are applying. 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 [ ]  Part time [ ]  Evening [ ]

HE Certificate Applied Theology with Youth Ministry Full Time [ ]  Part time [ ]

Graduate Diploma Applied Theology Full Time [ ]  Part time [ ]

BA Applied Theology Full Time [ ]  Part time [ ]

BA Applied Theology with Christian Leadership Full Time [ ]  Part time [ ]

Application route:

Academic route (I have 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: Click or tap here to enter text.

Church leader's name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

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

Church/organization: Click or tap here to enter text.

Ministry details including length of service.

Click or tap here to enter text.

Church/organization: Click or tap here to enter text.

Ministry details including length of service.

Click or tap here to enter text.

Church leader’s agreement:

I have discussed this application with my church leader. Please tick [ ]

I understand IBI may conact 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 [ ]

Signature: \_\_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_ Date: \_\_Click or tap to enter a date.\_\_

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

Click or tap here to enter text.

6. REFEREES AND PERSONAL STATEMENT

Please give the name, 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.

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| Name: Click or tap here to enter text. |
| Email: Click or tap here to enter text. |
| Telephone no: Click or tap here to enter text. |
| Your relationship to the above: Click or tap here to enter text. |

Please give the name, 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.

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| Name: Click or tap here to enter text. |
| Email: Click or tap here to enter text. |
| Telephone no: Click or tap here to enter text. |
| Your relationship to the above: Click or tap here to enter text. |

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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| Click or tap here to enter text. |

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.

Click or tap here to enter text.

9. ADDITIONAL INFORMATION

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

Click or tap here to enter text.

How did you hear about IBI? Click or tap here to enter text.

10. APPLICATION FEE

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

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

Transaction number:

Click or tap here to enter text.

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

11. DOCUMENTS TO INCLUDE WITH YOUR APPLICATION

* **Copies or photographs** of certificates, awards and academic transcripts from previous study. [ ]
* Your personal statement. [ ]
* A head and shoulders photograph of yourself. Please email you photograph to sarah@ibi.ie. [ ]
* **A copy or photograph** of one item of photographic ID e.g. driving license or passport. [ ]
* Application fee/Transaction number when paying via our website. [ ]
* 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. I understand the email address I provide to IBI will, on occasion, be visible to IBI teaching staff and other students, for example in internal IBI emails, correspondence about classes and correspondence about programmes.

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: \_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_Click or tap to enter a date.\_\_

13. DECLARATION

Please email your application form and all supporting documents to application@ibi.ie or post your application, with all supporting documents to:

 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 / (01) 8069060.

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

Signature: \_\_ Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_Click or tap to enter a date.\_\_

(Please note there is one more section on a new page below).

14. MEDICAL INFORMATION AND NEXT OF KIN

The information disclosed in this section will only be kept by IBI for the duration of your studies with us and will then be destroyed.

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

If yes, please specify:

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| Click or tap here to enter text. |

Next of kin details.

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

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| Name: Click or tap here to enter text.Address:Click or tap here to enter text.Telephone number:Click or tap here to enter text. |