

**Application & Registration for the 2010-2011 Saint Anselm Leadership Courses**

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

**6 months Sabbatical**  Course (28 Sept 2010 – 14 April 2011) (Certificate)

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 known by while at Saint Anselm \_\_\_\_\_

ADDRESS \_\_\_\_\_

TEL. NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

NATIONALITY \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CONGREGATION/DIOCESE \_\_\_\_\_

1. Please tick all the following that interest you about the Course:  Academic  Spiritual development  
 Experiential (active participation)  Skills development  Personal growth and/or awareness  
 Other: (please specify) \_\_\_\_\_

1. Do you have any questions about the Course? \_\_\_\_\_

2. Have you had any counselling or therapy? Please give details. \_\_\_\_\_

3. Do you presently have any medical conditions or disabilities? Please give details. \_\_\_\_\_

4. Do you have special dietary or other needs? Please give details. \_\_\_\_\_

5. 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. A non-refundable registration fee of £25 made payable to Institute of Saint Anselm.

I have enclosed  My non-refundable £25 registration fee  My passport sized photograph

My detailed curriculum vitae  My letter describing my desires and intentions for this course

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please post to:** The Registrar, Institute of Saint Anselm, Norfolk Road, Cliftonville, Kent. CT9 2EU. United Kingdom.