

### 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](mailto:office@st.anselm.org.uk) Please check [www.st.anselm.org.uk](http://www.st.anselm.org.uk) for updated information

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

**Please Tick** I wish to apply for:  **One Year 2-Part Diploma Programme 2SAR30Jan24**

1<sup>st</sup> Term: 7<sup>th</sup> January 2024 – 24<sup>th</sup> May 2024

2<sup>nd</sup> Term: 29<sup>th</sup> September 2024 – 19<sup>th</sup> December 2024

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](mailto:office@st.anselm.org.uk) only 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](http://www.st.anselm.org.uk) or email us for updated information