

Course Registration Form

Personal Details:

Title: First Name: Family Name:
I prefer to be known as: Date of Birth:
Nationality: Marital Status:
Correspondence Address (including post code):

Email:

Telephone Number(s):

Course Options:

Please indicate which course would like to study (select only 1):

Exploring Theology (Level 3) – No prerequisites.

Certificate in Christian Theology and Ministry (Level 4) – Prerequisites: Must have completed Exploring Theology or able to show evidence of equivalent prior learning; must be involved in a recognised Christian ministry. Candidates for Licenced Lay Ministries must show evidence of denominational support for this training.*

Diploma in Christian Theology and Ministry (Level 5) – Prerequisites: Must have completed the Certificate in Christian Theology and Ministry; must show evidence of denominational selection to train for an ordained ministry (e.g. priest/pastor). Evidence of prior learning will only be considered in exceptional circumstances.*

** If you are unsure, please speak with us first as we have lots of support available*

Health

Do you have any health/learning/dietary issues that may affect your participation?

If Yes, please give details:

Context of Learning (select 1 only):

I am already in licenced ministry, and am attending this course as a requirement of the bishop.

I am already in licenced ministry, and am attending this course as continuing ministerial education.

I have been selected to train for licenced ministry, and am already actively involved in ministry at my church.

I have not been selected to train for licenced ministry, but am actively involved in ministry in my church.

I have not been selected for training for licenced ministry; I am not actively involved in ministry in my church, and wish to attend the course to grow as a Christian (Exploring Theology only).

Previous Education:

Please give details of any formal school/college/university qualifications you hold (for licenced ministry, please provide certified copies).

Employment:

Please give brief details of your employment history, including approximate dates.

Church Details and Experience:

Your home Church:

Church Contact details:

Email:

Telephone Number(s):

Name of Priest/Minister/Pastor:

How long have you been in regular attendance?

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Please give details of any areas of church ministry with which you have been involved:

Please name any Christian books, magazines or internet articles you have read recently:

Criminal Record Self-Declaration:

Do you have a Criminal Record?:

If Yes, please give details:

Finance

- Certificate/Diploma Full Course Fees are \$1500
- Exploring Theology Full Course Fees are \$1000

These fees include all the lectures, course materials, access to the library, refreshments, and meals.

Please select only 1 of the following:

My Church is paying the full fees of _____ on my behalf

My Church and I are sharing the costs with the following arrangement:

I am paying the full fees of _____ myself.

Please make payment to the following account:

Bank of N T Butterfield, Bermuda

Account Name: Synod of The Anglican Church

Account Number: 20006060994893100

Reference: ATIB2025

Please send proof of payment to diocese@anglican.bm

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Declaration:

I have answered the above questions as full and as honestly as possible, and understand that if I am accepted on the course, I will be responsible for attending all lectures and completing any required coursework in order to graduate.

Personal Protection & Privacy Act Notice:

The Anglican Church of Bermuda is committed to ensuring the security and protection of the personal information that we process, and to providing a compliant and consistent approach to Bermuda's privacy laws. If you have any questions related to PIPA compliance and wish to make a Personal Information Access Request, please contact our Privacy Officer by calling 292-6987 or emailing privacy@anglican.bm or visit our website at <https://anglican.bm/privacy-notice>. Please be advised that your data written on your this Registration Form will be securely kept in the strictest of confidence.

Privacy Terms

I understand that by completing and submitting this form, I consent to the Anglican Theological Institute of Bermuda storing my personal information for the purposes outlined. I understand that I may withdraw this application by withdrawing from the course at any time. I understand this means I would not graduate and would lose the fees paid.

I confirm that I have read and understand the contents of this Registration Form.

Name:

Signature:

Date:

Please ask your Bishop, Priest, Pastor, or Minister to sign below:

I confirm that

fully supports the above candidate.

Name:

Signature:

Date:

Please send your completed Course Registration Form to:

diocese@anglican.bm