

*Attach
 passport-sized
 photo
 here*

APPLICATION FORM

For the COLLEGE CORRESPONDENCE COURSE only

Please use ink and BLOCK CAPITALS throughout

Surname	Forenames	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address for correspondence			
			Postcode
Telephone (daytime)		Fax	
Telephone (evening)		Email	
Date of birth	Place of birth	Nationality	
How did you hear about WEST?		When do you wish to begin this course?	
Are you a member of a church? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give details of your involvement in the church			
Give the name and full address of one person from whom we can obtain a reference <i>(A relative should not be given as a referee)</i>		Why do you want to follow this course of study?	

I wish to buy the following unit(s) of study				Signed		Date.....	
Unit No + title	£50	Unit	No	+	title	£50	
Unit No + title	£50	Plus once only registration fee (non-returnable)				£20	
I enclose payment of £..... (Cheques/Postal Orders made payable to: 'WEST' please)						Total	£



For WEST use only

Date received	Date ref requested	Date ref received
Date acknowledged	Date first unit sent	Comments