



COURSE BEING APPLIED FOR

Please specify which of the courses below you are applying for:

[] NUTSHELL COURSE _____ [] COMPRESSED COURSE _____

PERSONAL AND GENERAL DETAILS

1. FULL NAME

Title: [] Mr [] Mrs [] Miss [] Rev [] Dr [] Other _____

First Names: _____

Surname: _____

ADDRESS: _____

_____ Post Code: _____

2. MAILING ADDRESS (if different from above) _____

3. TELEPHONE NUMBERS

Home No: _____ Mobile: _____

4. EMAIL ADDRESS: _____

5. DATE OF BIRTH: Day ___ Month ___ Year _____ **MALE/FEMALE:** _____

6. CONTACT NAME IN CASE OF EMERGENCY: _____ Telephone No: _____

MEDICAL

1. DIETARY REQUIREMENTS

Do you have any food allergies or other dietary problems? If so, please specify:

2. SPECIAL NEEDS/DISABILITY

Do you have any disabilities including learning difficulties e.g. dyslexia? If so, please specify:

DECLARATION

I certify that to the best of my knowledge this application form is accurate and complete. I understand that the withholding of any information requested or the giving of any false information may make me ineligible for admission to Logos College or if revealed at a later stage, dismissal from the course.

Signed: _____ Date: _____

Please return this form for the attention of :-

The Registrar, Logos College, Logos House, 74 East Way, Dalgety Bay, Fife KY11 9JF

I enclose payment of £ _____ in settlement of my course fee.

Data Protection Act

Unless otherwise informed, all relevant information contained in this application form will be kept on the LC database for use by LC: to maintain student records. It is the policy of LC not to pass on information to third parties, but to keep you informed of events as necessary.