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| The University of Edinburgh |  |

###### Application for admission to the

###### Doctor of Ministry Program (Reformed Focus) in collaboration with Pittsburgh Theological Seminary

* Please complete in TYPESCRIPT or BLOCK LETTERS using black ink, noting the guidance in the attached document.
* After completion of the form, please return it to:

**Dr Alison Jack**

**Director, Doctor of Ministry Program**

**School of Divinity**

**Edinburgh University**

**Mound Place**

**Edinburgh EH1 2LX.**

**If you have any questions please contact Alison Jack by email at a.jack@ed.ac.uk**

**Please note:**

**Applicants wishing to apply to the Doctor of Ministry Program must have a Bachelor of Divinity degree or higher from an accredited divinity school or seminary. They must have completed a minimum of three years in active ministry since completing their training, and are expected to be engaged in some recognised ministerial position for the period of the program.**

**Pittsburgh Theological Seminary is the degree-awarding institution for this program.**

A Personal Information

1. Title ………… Surname/family name ………………………………………………..

First names ……………………………………………………………………………..

**🞎** Male Female

2 Permanent address ………………………………………………………………….……………….

………………………………………………………………………………………………………………

……………………………………………………………………………………………………………….

Tel no …………………………………

(INCLUDING NATIONAL/AREA CODE)

Email ……………………………………………………………………………………………………….

4 Date of birth …………………… 5 Country of birth ………………………………………………

6 Nationality …………………………………………………………………

Do you hold a UK passport? ……………………………………………. (see Note 1)

All applicants must send a scanned copy of the back page of their passport with their application.

7 Next of kin Address including post code………………………………………………………………………………………………………………

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Tel no …………………………………

(INCLUDING NATIONAL/AREA CODE)

8 First Language ……………………………………………………………………………. (see Note 2)

9 Disability, support requirement or medical condition which might necessitate special arrangements / facilities (see Note 3)

Nature of disability……………………………………………………………………………………

Please give an indication of any adaptations or special support and facilities you may require

………..………………………………………………………………………………………………….

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# B Supporting Statements

# Please attach a brief statement (100-200 words) detailing your primary reasons for wishing to enter the DMin programme, followed by a longer statement (around 800 words) on what you consider the most important issue facing pastoral ministry.

# C Academic Qualifications Held or Pending

Please enter details of all higher educational qualifications achieved/pending. Transcripts of University degrees must be sent with the application.

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| **Name of Qualification** | **University or College** | **Level** | **Class of Degree** | **Date of Award** |
| *e.g. BSc Geography* | *University of….* | *Degree* | *2.1* | *2005* |
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D Employment or other work since leaving full time education

(continue on a separate sheet if necessary)

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| --- | --- | --- |
| Name and address | Position held/Brief outline of responsibilities | Dates |
|  |  |  |

E Declaration of Criminal Record (see note 4)

Do you have any relevant criminal convictions? Yes 🞎 No 🞎

F Funding

What financial support have you already secured for your studies?

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# G References

Please give the name, address, and occupation of three referees who would be willing to comment on your ability and suitability for this programme of study.

Name …………………………………………………………………………………………………

Position ………………………………………………………………………………………………

Address ………………………………………………………………………………………………

…………………………………………………………………………………………………………

Tel no ……………………………………… (INCLUDING NATIONAL/AREA CODE)

E-mail ………………………………………………………………………………………………..

Name …………………………………………………………………………………………………

Position ………………………………………………………………………………………………

Address ………………………………………………………………………………………………

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Tel no ……………………………………… (INCLUDING NATIONAL/AREA CODE)

E-mail ………………………………………………………………………………………………..

Name …………………………………………………………………………………………………

Position ………………………………………………………………………………………………

Address ………………………………………………………………………………………………

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Tel no ……………………………………… (INCLUDING NATIONAL/AREA CODE)

E-mail ………………………………………………………………………………………………..

Please pass a Referee Report Form to your selected referees with a request that they complete the form and return it as soon as possible to the address on the form.

H Endorsement from your Kirk Session/Church official

On a separate sheet, please send a note approving the expenditure of the time called for by the program. This should come from your Kirk Session or from a Church official if you are not in a charge.

I Declaration

I confirm that, to the best of my knowledge and belief, the information given in this application is complete and accurate and that I have completed this form personally. I undertake to supply any further information which may be required and to inform the University of any change in the information given. I understand that if I have made a false or misleading statement or have omitted significant information, the University may amend or withdraw any offer or terminate my enrolment. I also undertake to inform the University immediately if I decide not to proceed with my application. I understand that the University accepts no responsibility for my financial support. I also offer an assurance that I will be engaged in some recognised ministerial position for the period of the program.

Applicant's signature ……………………………………………………… Date ……………………