



# QUEEN'S COLLEGE

*Faculty of Theology*

210 Prince Philip Drive, Suite 3000

St. John's, NL A1B 3R6

Phone: 709.753.0116

Fax: 709.753.1214

Email: [queens@mun.ca](mailto:queens@mun.ca)

Web Site: [www.queencollegenl.ca](http://www.queencollegenl.ca)

## APPLICATION

### FOR

## Pastoral and Palliative Care

## Volunteer Online Training

## Certificate Program

**February 10 to March 30, 2020**

**Winter Semester 2020**

YES NO

Have you previously applied to Queen's College

Have you previously attended Queen's College

If yes, when did you last attend \_\_\_\_\_

### Personal Information

Title: \_\_\_\_\_  
(Mr., Mrs., Ms, Dr., The Rev'd, etc.)

Full Name: \_\_\_\_\_

Permanent Mailing Address Street or P.O. Box #: \_\_\_\_\_

City/Town: \_\_\_\_\_ Prov./State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Telephone # (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell) \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Denominational Affiliation: \_\_\_\_\_  
(Day) (Month) (Year)

Gender:  Female  Male

Social Insurance Number (SIN) {Canadian applicants only}: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

### Next of Kin/Guardian Information

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Last) (First) (Second) (Mr., Mrs., Ms, Dr., The Rev'd, etc.)

Street: \_\_\_\_\_ City/Town: \_\_\_\_\_

Telephone # (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell) \_\_\_\_\_

Country: \_\_\_\_\_ Prov./State: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

I hereby apply for enrolment at Queen's College and certify that the information contained herein is complete and correct. I understand the failure to disclose information required on this application form is considered to be an academic offence. If admitted, I agree to abide by all the rules and regulations set out by the College. I make this Application in acknowledgment that it is subject to all of the provisions of current and future College Calendars which govern my course of study at the College, including, without restricting the generality of the foregoing, any and all limitations and qualifications set out therein. I hereby authorize Queen's College to obtain all relevant records from any school or post-secondary institution, which I have attended, and to release to agencies with a legitimate interest any non-confidential information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_