

Please send a passport-sized photo

(45 mm high x 35 mm wide).

(can be sent at a later date)

Application form for Cliff College Study Tour  
of Israel/Palestine

2-13 July 2020

If completing by hand, please use black ink and write in block capitals

1. **Personal and contact details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname/family name |  | Male |  | Female |  |
| Christian name(s) |  | Date of birth |  | | | |
| Address |  | Church membership |  | | | |
| Tel no. (land line) |  | | | |
| Mobile No. |  | | | |
| Postcode (UK Only) |  | Email address |  | | | |

1. **General information**

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| --- |
| Why do wish to participate in this study tour? |
|  |

Are you wishing to take this study tour as a Cliff College Certificate in Contexual Theology? Yes No

1. **Additional information**

|  |
| --- |
| Do you have a medical condition or any allergies, eg hayfever? If so, please give full details. |
|  |
| Are you currently receiving any medical treatment? If yes, please give full details. |
|  |
| Do you require a special diet (including vegetarian/vegan)? If so, please give full details. This information will be used for your accommodation. |
|  |
| Are there any other medical issues you consider it relevant to disclose? |
|  |

1. **Finance and insurance**

Total cost: £1,495 Deposit (non-refundable): £450

Deposit required after offer of place made on receipt of application form (deposit secures place).

Balance to be paid by 6 April 2020. Payment by cheque payable to ‘Cliff College’ or via credit card through Cliff College Reception (01246 584200)

Insurance: It is necessary to take out individual travel insurance that includes health. Confirmation of insurance is required with payment of balance, although you are strongly advised to take out insurance on payment of deposit.

1. **Additional question**

|  |
| --- |
| Where or from whom did you hear about this programme of study at Cliff College? |
|  |

1. **Passport details**

|  |  |
| --- | --- |
| Nationality |  |
| Place of issue |  |
| Date of issue |  |
| Passport no |  |
| Expiry Date |  |
| Full name as appears on passport |  |

1. **Declaration**

I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s signature |  | Date |  |
|  |  |  |