Bishops' Conference of England and Wales
Board of Religious Studies

CATHOLIC CERTIFICATE IN RELIGIOUS STUDIES

REGISTRATION FORM

STUDY CENTRE: Please Type Here

SURNAME: Enter Here TITLE: Enter Here

FIRST NAME [S] Enter Here

ADDRESS:
Enter Here

POST CODE: Enter Here

CONTACT DETAILS *[Telephone, e-mail etc]* Enter Here

This Section is optional, but the Board would be grateful for your response

Why are you studying for the CCRS?

- ☐ training for teaching
- ☐ professional development – teaching
- ☐ parish ministry – state ministry: Enter Here.....
- ☐ personal interest

Please indicate any relevant qualifications: Enter Here.....

If you are a teacher:

How long have you been teaching? Enter Here.....

Are you in a maintained or independent school? Enter Here.....

Which phase are you in: primary / secondary / FE / HE? Enter Here.....

Subject area Enter Here.....

Any post of responsibility? Enter Here.....

Signature **Date**

**Please return this form to your Course Director,
with the appropriate fee (£20 as from 1st May 2006).**