

# Glenarm Road Larne County Antrim BT40 1DT

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 **Certificate in Christian Thought** **living theology for daily life**

**Registration Form *2023-2025***

NAME: …………………………………………………………………………………….

ADDRESS: …………………………………………………………………………………….

TELEPHONE NO: …………………………………………………………………………………….

MOBILE NO: …………………………………………………………………………………….

EMAIL: …………………………………………………………………………………….

 *(If you do not have a personal email address, we would be grateful if you would indicate one where we might leave messages)*

Please state if you have completed the Pathways Course (or its equivalent) and when?

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

Do you wish to access the course in-house or via Zoom?

In-house Via Zoom

 *Please tick where applicable*

Do you wish to do this course for academic credit?

Yes X No

 *Please tick where applicable*