



# SCHOOL CHAPLAINS ASSOCIATION

**Full / Student / Associate Membership Application 2006/2007**

For SCA only

Paid: \_\_\_\_\_

Cash / Chq

Please tick ✓ Membership box: Full  Student  Associate

*Please complete in BLOCK CAPITALS*

**Chaplain:** (Title: Fr., Sr., Mr., Mrs., Ms.) \_\_\_\_\_ Name: \_\_\_\_\_

**School:** \_\_\_\_\_

**School Type:** *(please circle one)*

(VEC / Community School / Comprehensive /  
Voluntary Secondary / Community College / Other)

**Preferred Postal Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**School Phone:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

**School Fax:** (\_\_\_\_) \_\_\_\_\_

Qualifications are (i) with regarding to teaching general subjects, (ii) teaching Religious Education and (iii) for work as a Chaplain.

	<b>Qualifications</b>	<b>College</b>
(i)	(a) Primary Degree (BA/BD/BSc):  _____	
	(b) Hdip (Educ): Yes / No	
(ii)		
(iii)		

**Time teaching R.E. per week:** \_\_\_\_\_

**Time teaching other subjects per week:** \_\_\_\_\_

**Years in Chaplaincy:** \_\_\_\_\_ **Regional Group:** \_\_\_\_\_

**Union:** A.S.T.I.  T.U.I.  None