

Application for Certificate in English Language Teaching To Adults (CELTA)

Please complete in block capitals in black ink and attach one recent passport size photograph with your name and post code written on reverse of photograph.

FOR OFFICE USE ONLY	
ID no.	<input type="text"/>
Ack.	<input type="text"/>
Ref.	<input type="text"/>
Add.	<input type="text"/>
Date	<input type="text"/>
Course code	<input type="text"/>

Surname/Family name

First name/s

Date of birth (eg 20/06/91)

Male/Female	Title (Mr, Mrs, Miss, Ms, Other)
<input type="text"/>	<input type="text"/>

Nationality	Home country
<input type="text"/>	<input type="text"/>

Current occupation
(please state whether full-time or part-time)

Your address

Postcode

Telephone
Mobile
Email

Please indicate the CELTA course you would be interested in (please tick and state year:

July Year
Intensive

Sept - Mar Year
Part-time

Which other languages do you know and to what level of proficiency?

Why do you need this qualification?

Educational and vocational qualifications (Please state if O/A level, CSE, GCSE, RSA or City & Guilds etc.)

Subject	Exam body	Grade	Dates

Please provide information about any teaching experience you may have, or other relevant experience (e.g. living abroad). Continue on a separate A4 sheet if necessary.

ADDITIONAL SUPPORT (Please tick any of the boxes which are relevant. A member of the Learning Skills Team will contact you to discuss your support needs)

- | | | | |
|--|----------------------------------|---|----------------------------------|
| I have a sight impairment and will need extra help | <input type="checkbox"/> L15 01 | I am dyslexic | <input type="checkbox"/> L16 10 |
| I have a hearing impairment and will need extra help | <input type="checkbox"/> L15 02 | I have a medical condition which could affect my studies or exam arrangements (e.g. diabetes, epilepsy, M.E.) | <input type="checkbox"/> L15 05b |
| I am a wheelchair user or have mobility difficulties | <input type="checkbox"/> L15 03 | I have a disability or learning difficulty not shown on this page, please specify: | <input type="checkbox"/> L16 97 |
| I have emotional/mental health issues | <input type="checkbox"/> L15 07 | | |
| I have asthma | <input type="checkbox"/> L15 05a | | |
-

Are you aware of any medical condition you may have, or have had in the past, which could affect your ability to undertake your chosen course/s or any other activities you may encounter at the college? Yes No

How did you find out about course/college? (Please tick the relevant box)

- | | | | | | | | | | |
|------------------|-----------------------------|--------------------|-----------------------------|-----------------|-----------------------------|-----------------------|-------------------------------|----------------------------|-----------------------------|
| School Event | <input type="checkbox"/> 1 | Newspaper | <input type="checkbox"/> 2 | Bus | <input type="checkbox"/> 3 | Direct from College | <input type="checkbox"/> 4 | School Careers Adviser | <input type="checkbox"/> 5 |
| Employer | <input type="checkbox"/> 6 | Friend or relative | <input type="checkbox"/> 7 | Open Day | <input type="checkbox"/> 8 | Internet | <input type="checkbox"/> 9 | Connexions Careers Advisor | <input type="checkbox"/> 10 |
| Educational Fair | <input type="checkbox"/> 11 | Educational Agent | <input type="checkbox"/> 12 | British Council | <input type="checkbox"/> 13 | Other Please indicate | <input type="text" value=""/> | | |

City of Bath College needs to process personal information about applicants in order to make admissions decisions, to provide advice & guidance, education & training. In assessing applications information may be released to relevant government departments/agencies and Local Authorities. Where an application is not converted into an enrolment, paper records held on an applicant will be destroyed within 30 days of the start date(s) of the course(s) to which the application relates. Data may be retained in an electronic format for analysis and future advice and guidance provision. Further details of the College data protection arrangements are set out on page 45 of our full-time prospectus.

I understand that the City of Bath College will need to process personal information in order to make admission decisions in accordance with the details set out above.

Your signature

Date of application

Please return this form to: Student Admissions, Student Advice Centre, City of Bath College, Avon Street, Bath BA1 1UP.