

Application for Certificates 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.

Surname/Family name

First name/s

Your address

<input type="text"/>	Postcode	<input type="text"/>
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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

Feb - Jun Year Part-time

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

Why do you need this qualification?

FOR OFFICE USE ONLY

ID no.

Ack.

Ref.

Add.

Date

Course code

Date of birth (e.g. 20/06/91)

Male/Female

Title (Mr, Mrs, Miss, Ms, Other)

Nationality

Home Country

Current occupation

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

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

Subject	Exam body	Grade	Dates

Please provide information about any teaching experience you may have, or other relevant experiences (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).

01 <input type="checkbox"/> Visual impairment & will need extra help	05 <input type="checkbox"/> Other medical condition which could affect my studies. (e.g. epilepsy, M.E, diabetes.) Please state
02 <input type="checkbox"/> Hearing impairment & will need extra help	
03 <input type="checkbox"/> Disability affecting mobility	05a <input type="checkbox"/> Asthma
04 <input type="checkbox"/> Other physical disability & will need extra help	01 <input type="checkbox"/> Moderate learning difficulty
06 <input type="checkbox"/> Emotional/behavioural difficulties	02 <input type="checkbox"/> Severe learning difficulty
07 <input type="checkbox"/> Mental health difficulty	10 <input type="checkbox"/> Dyslexia
08 <input type="checkbox"/> Temporary disability after illness (e.g. post-viral or accident)	19 <input type="checkbox"/> Other specific learning difficulty (e.g. ADHD, dyspraxia.) Please state
10 <input type="checkbox"/> Aspergers Syndrome Moderate learning difficulty	

Please note: The interviewer may share this information with relevant staff in order to get Additional Learning Support if necessary.

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

City of Bath College, needs to process personal information about applicants in order to make admissions decisions, to provide advice, guidance, education and 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's data protection arrangements are available on request.

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: Full-time Admissions, City of Bath College, Avon Street, Bath, BA1 1UP