

**University Centre for Academic English
CertPT
APPLICATION FORM 2024/25**

| PERSONAL DETAILS | | | |
|---|--|---|------|
| Family (Last) Name: | | Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> | |
| First (Given) Name(s): | | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/> | |
| Passport Number: | | Date of Birth (dd/mm/yy): | Age: |
| Nationality: | | First Language: | |
| Country of Birth: | | Occupation: | |
| Country of Permanent Residence: | | | |
| Home address of applicant: | | | |
| Post/Zip Code: | | Country: | |
| Telephone: | | E-mail: | |
| Address for CORRESPONDENCE (if different from home address): | | | |
| Post Code: | | Country: | |
| Telephone: | | E-mail: | |
| Do you have a Disability / Special Needs? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Additional information regarding your special needs: | | | |
| <i>The information you provide will be used in the processing of your application to assess whether we have the facilities to support your need, or to assess whether your situation may put yourself or others in danger. Such details will only be disclosed to those having legitimate need to see them.</i> | | | |
| Have you previously applied to the University of Manchester? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| The University of Manchester ID (if known): | | | |

| EDUCATION AND QUALIFICATIONS (INCLUDING PROFESSIONAL QUALIFICATIONS) | | | |
|--|-------------------------|---------------|---------------|
| Institution | Qualification and Grade | Date obtained | Awarding body |
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| ENGLISH LANGUAGE LEVEL | |
|---|--|
| You must provide evidence that you meet the English language requirement of minimum of IELTS 7.0 in each individual component (or acceptable equivalent at C1 on the CEFR). | |
| <input type="checkbox"/> | <p>I have previously passed an English Language test (e.g. IELTS, TOEFL iBT, PTE) and enclose a copy of my certificate.</p> <p>Name of test: Date of test:</p> <p>Results: Overall: Listening: Reading: Writing: Speaking:</p> |
| <input type="checkbox"/> | <p>I am currently attending an English language course</p> <p>Name of school/college/university: Level of course:</p> |

| EMPLOYMENT HISTORY | | | |
|------------------------------|---------------------|-------|-----------------------------|
| Name and address of Employer | Dates of Employment | Title | Duties and Responsibilities |
| | | | |
| | | | |
| | | | |
| | | | |

| PROFESSIONAL TEACHING EXPERIENCE | | | |
|----------------------------------|---------------------|-------|-----------------------------|
| Name and address of Employer | Dates of Employment | Title | Duties and Responsibilities |
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| FEES | |
|---|---------------------------|
| Please advise how you will pay your course fees | |
| Self-funded | |
| Sponsor / Organisation | Name and contact details: |

| MARKETING | | |
|---|--------------------------|--|
| How did you hear about the University Centre for Academic English (UCAE) | | |
| UCAE Website | <input type="checkbox"/> | |
| Goldsmiths Website | <input type="checkbox"/> | |
| BALEAP | <input type="checkbox"/> | |
| Search engine (e.g. Google): | <input type="checkbox"/> | |
| Other: | <input type="checkbox"/> | |

| GENERAL DATA PROTECTION REGULATIONS |
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| “ Privacy Notice ” for guidance to the University’s data protection regulations. |

| DECLARATION |
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| I enclose with this application: (please indicate) |
| <ul style="list-style-type: none"> • <i>A copy of my passport</i> <input type="checkbox"/> • <i>Evidence of English language level (e.g. copies of IELTS/TOEFL iBT/PTE test results)</i> <input type="checkbox"/> • <i>Evidence of teaching experience</i> <input type="checkbox"/> |

| BY COMPLETING, SIGNING AND SUBMITTING THIS APPLICATION FORM, YOU ARE CONFIRMING THAT YOU HAVE READ AND UNDERSTOOD THE BOOKING CONDITIONS | |
|--|------------------|
| Signature of applicant: | Date: (dd/mm/yy) |
| Name of person signing on behalf of applicant | |
| Signature: | Date: (dd/mm/yy) |
| Contact Telephone: | |
| Contact Email: | |