

University Centre for Academic English CertPT APPLICATION FORM 2023/24

PERSONAL DETAILS				
Family (Last) Name:	Title: Mr Mrs	Ms Miss	Prof Dr Dr	
First (Given) Name(s):	Gender: Male	Female Prefe	er not to say	
Passport Number:	Date of Birth (dd/r	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			
Post Code:	Country:			
Telephone:	E-mail:			
Do you have a Disability / Special Needs? Yes No				
Additional information regarding your special needs:				
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.				
Have you previously applied to the University of Manchester? Yes No				
The University of Manchester ID (if known):				
The oniversity of ivialitiester in (ii known).				
EDUCATION AND QUALIFICATIONS (INCLUDING PROFESSIONAL QUALIFICATIONS)				
Institution	Qualification and Grade	Date obtained	Awarding body	



ENGLISH LANGUAGE LE	EVEL				
You must provide evi	idence th	at you meet the Eng	lish language requ	irement of minimu	ım of IELTS 7.0 in each
individual componen		· · · · · · · · · · · · · · · · · · ·			
I have previou	isly passed	l an English Language	test (e.g. IELTS, TOI	FL iBT, PTE) and enc	lose a copy of my certificate.
Name of test: Date of test:					
Results: (Overall:	Listening: Read	ing: Writing:	Speaking:	
I am currently	attending	an English language o			
Name of school	ol/college/	university:	Level of cour	se:	
EMPLOYMENT HISTOR	Υ				
Name and address of E	mployer	Dates of	Title		Duties and Responsibilities
		Employment			
PROFESSIONAL TEACHI	ING EXPER	IENCE			
Name and address of E	mployer	Dates of	Title		Duties and Responsibilities
		Employment			
FEES Please advise how you will pay your course fees					
Self-funded	wiii pay y	our course tees			
Sponsor /	Name an	nd contact details:			
Organisation	. tailic ai	ia contact actums.			



The I	Inive	rsity	of N	lanc	heste
1110		JULY	01 10	Idile	110310

NAA DVETING				
MARKETING	·	4 f A d		
How did you hear about the Univers UCAE Website	ity Cen	tre for Academic English (UCAE)		
Goldsmiths Website				
BALEAP				
Search engine (e.g. Google): Other:		Diagra give detaile		
Other.		Please give details:		
GENERAL DATA PROTECTION REGU	JLATIO	NS		
"Privacy Notice" for guidance to the U	Jnivers	ity's data protection regulations.		
DECLARATION				
I enclose with this application: (plea	sa indic	rata)		
	se muic	.aie)		
A copy of my passport				
Evidence of English language level (e.g. copies of IELTS/TOEFL iBT/PTE test results)				
Evidence of teaching experience				
BY COMPLETING, SIGNING AND SUB	MITTIM	NG THIS APPLICATION FORM, YOU ARE CONFIRMING THAT YOU HAVE READ AND		
UNDERSTOOD THE BOOKING COND				
Signature of applicant:		Date: (dd/mm/yy)		
Name of person signing on behalf of	applica	nt		
Signature:		Date: (dd/mm/yy)		
Signature.		Date. (dd/mm/yy)		
Contact Telephone:				
Contact Email:				