

TRINITY CERT TESOL APPLICATION FORM 2012

Complete and return to:
 Graham Perry
 International English Centre
 Aberystwyth University
 Llandinam Building
 Penglais Campus
 Aberystwyth SY23 3DB
 Tel: 01970 622545/622547 Fax: 01970 622546
 Email: gjp@aber.ac.uk

Please attach two passport size photographs	
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SECTION ONE: PERSONAL DETAILS AND PREFERENCES

Family name: _____ Male: _____ Female: _____

First names: _____

Nationality: _____ Date of birth: _____

Home address (for correspondence) _____

Tel no: _____ Email: _____

Profession/Occupation: _____

Degree(s) or other qualification(s) _____

Languages spoken (please also state whether at elementary, intermediate or advanced level, or state the CEFR level if known)

Do you have any training as a teacher? (Please give details) _____

Do you have any teaching experience? (Please give details) _____

Why are you applying for this course? (Please write your reasons) _____

How did you hear about this course? _____

PREFERRED COURSE DATES Please indicate your preferred course dates:
Course 1 _____ (25 June to 27 July) **Course 2** _____ (30 July to 31 August)

If your preferred course choice is unavailable do you wish to be considered for the alternative? Yes No

The tuition fee for each course is £1,300. Are you claiming an Aberystwyth Graduate discount? Yes No

ACCOMMODATION

Do you need accommodation in Aberystwyth?

Yes No

OTHER INFORMATION

Do you consider yourself to have a disability or a health condition?

Yes No

If your answer is yes, what adjustments do you require in order to attend a course? _____

Do you have a criminal conviction?* [You must answer this question.]

Yes No

** If your answer is yes, please give details in confidence on a separate sheet.*

Are you bringing a motor vehicle? _____ Please give registration number _____

SECTION TWO: ONLY FILL THIS SECTION IN IF YOU ARE REGISTERED ON A COURSE IN HIGHER EDUCATION IN THE UK

Name of Institution _____

Name of Faculty or Department _____

Scheme of Study (BA, MSc, PhD etc) _____

When do you expect to complete your university course? _____

SECTION THREE: REFERENCES (to be filled in by all applicants)

Please give the names of two referees that the Centre may contact.

If possible one should be an academic/professional referee.

Name: _____

Name: _____

Address: _____

Address: _____

Tel no: _____

Tel no: _____

Email: _____

Email: _____

DECLARATION

- I certify that I am not suffering from any conditions or disease likely to interfere with my studies or with the health and studies of other students.
- I do not know of any reason why I should not teach young people.
- I agree to pay my course fees and accommodation costs in advance. I certify that all the above information is correct and complete.
- I enclose £300 deposit with this application (refundable apart from £25 processing fee if my application is unsuccessful)

Signature: _____ Date: _____

PLEASE NOTE THAT APPLICANTS WILL BE CALLED FOR INTERVIEW. TELEPHONE INTERVIEWS MAY BE POSSIBLE FOR APPLICANTS OUTSIDE ABERYSTWYTH.