

Cambridge Certificate in English Language Teaching to Adults (CELTA)

Please complete **all sections** of this form in **type** or **black ink** and use only the same size paper (A4) as continuation sheets. Please attach a copy of you ID/passport

Please complete the Confidential Declaration and submit with your application form.

Please complete the form without any help from anyone else.

CELTA Course applied for:	
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Surname:		Title:	
First Name(s):			
Previous Name(s):			
Gender M/F		Nationality/ies	
Date of Birth:		ID	
Address:		Tel No (day):	
		Tel No (evening):	
		Mobile:	
Post Code:		Email:	
Codice Fiscale: (if applicable)			
Current Employment (if applicable):			
Health (any factor that may affect your performance on the course)			

Education: Please list establishments attended		
Establishment Name:	Date From:	Date To:

Qualifications Gained:	Date of Award:	Grade:

Relevant Work Experience (e.g. teaching, tutoring):

Note: Teaching experience is not required to attend the course, but it is preferred. Please state any official teaching certifications you may have. If you wish, you may also attach an updated copy of your CV to the application email.

Additional Information: Describe your skills and attributes which demonstrate that you meet the requirements for the course.

Why do you want to take this course?

Interviews

Please indicate which you prefer:

Interviews are held via *Zoom*.

Please indicate any days/times which are NOT convenient for you:

- ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Fridays
☐ Saturday
☐ morning ☐ afternoon ☐ evening

How did you find out about us?

- ☐ From a recommendation from a friend/colleague/previous CELTA candidate
☐ From a private language school
☐ From an advertisement
☐ On an Internet search/website/blog
☐ On a social network
☐ From a conference/seminar/workshop
☐ From the website
☐ Other: *(please specify)*

Provide details of two referees:

For applicants currently teaching or working in a School, one referee should be your present Head. Teacher/employer/Director of Studies.

References will not be accepted from relatives or from referees writing solely in the capacity of friends.

	Reference 1 Name:	Reference 2 Name:
Address:		
Email:		
Tel No:		
Relationship:		

Please note it is our practice to contact referees on all accepted candidates, and we will approach referees prior to commencement of the course.
Can we contact them before/after interview?

Language Point Milan is committed to safeguarding and promoting the welfare of its students. Applicants must be willing to undergo screening appropriate to the course.

Equal Opportunities:

Language Point values people irrespective of sex, age, marital status, disability, sexual orientation, gender including reassignment, race, colour, religion, ethnic or national origin. Individuals are selected and treated on the basis of their merits and abilities. Unlawful discrimination based on gender, race, age, disability, religious or political beliefs, sexual orientation or any other reason will form no part of the selection process.

General Data Protection Regulation (n. 2016/679):

If I accept a place on the course at Language Point Milan, I consent to my personal information being held by the School for administration purposes for the duration of the course.

Declaration:

I declare that the information given on this application form is true and correct. I understand that any false or misleading information or omissions of information may disqualify my application or may render my place on the course, if I am accepted, liable to termination.

Signature: - Please sign in the box below to confirm that all details are correct and true
(If you are sending this application to the School via email please note that in the absence of your signature, the emailing of this application constitutes your personal certification that the details are correct)

	Date:	
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Applications should be returned by email to: segreteria@languagepoint.eu