**Application form for Cambridge Diploma (Delta) Courses**

*Applicants for this course should have an initial training qualification in ELT followed by at least two years' experience of communicative English language teaching at a wide range of levels.*

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| I wish to apply for the Cambridge Delta : | **Please tick one box** |
| **Modules 1 only** |  |
| **Modules 3 only** |  |
| **Modules 1 & 3** |  |

*(There is a separate application form if your application involves module 2).*

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| 1. **Personal details** | | | | | | | | | | | |
| Mr | Mrs | Miss | Ms | **Surname:** | | | **First name(s):** | | | | |
| **Date of birth:** | | |  | | | **Place of birth:** | | |  | | |
| **Nationality:** | | |  | | | **Mother tongue:** | | |  | | |
| ***If you are not a UK national, please attach a copy of your passport and current visa/leave to remain*** | | | | | | | | | | |  |
| **Current address:** | | |  | | | | | | | | |
| **Telephone number:** | | |  | | | **Mobile number:** | | | |  | |
| **Daytime telephone number:** | | |  | | | | | | | | |
| **Email:** | | |  | | | | | | | | |
| **Present occupation:** | | |  | | | | | | | | |
| **Languages spoken and level** | | |  | | | | | | | | |
| **Emergency contact/next of kin:** | | | *Name* | | *Relationship to you* | | | *Mobile number and email* | | | |
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| 1. **Education** | | | |
|  | **Where** | **Grades** | **Dates** |
| **GCSE/O Levels or Secondary School equivalent** |  |  |  |
| **GCSE/A Levels or higher education equivalent** |  |  |  |
| **University/College Qualifications or further education equivalent** |  |  |  |
| 1. **Training** | | | |
| What initial training do you have in Teaching English as a Foreign Language?  *(Please give location, dates and grade.)* | | | |
| 1. **Teaching Experience (please extend this table if necessary)** | | | |
| |  |  |  |  | | --- | --- | --- | --- | | School / location | Job title | Dates to/from | Levels and class types taught | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | |
| 1. **Referees** | | | |
| Please give names, addresses and telephone numbers of two referees who would be prepared to give relevant support to this application.  *Please indicate the context/capacity in which they know you.*    1st )                                                                                           2nd ) | | | |
| 1. **Health Declaration** | | | |
| Please give details of any health or other factors with which you may need additional help or support on the course. | | | |
| 1. **Declaration** | | | |
| θ Iconfirm that all the information on this application is correct and up to date.  I confirm that I will inform International House Newcastle if there are any changes of circumstance that may affect my ability to complete the course.    I agree to the processing of my personal data by the school in line with the school’s policy and the principles of the *General Data Protection Regulation* for the purposes of being enrolled, classed and supervised as a student of *International House Newcastle*.  Please tick:   Yes θ  No θ    Occasionally we photograph or film student activities at our school or on our social programme to share via Facebook, Twitter or Instagram, and this is sometimes used for promotional purposes.   Are you happy for the school to do this with your images?  Please tick:   Yes No θ    I have read and accept the [Terms & Conditions](https://www.ihnewcastle.com/terms-and-conditions) of enrolment.    Signature:                                                                                           Date: | | | |

**Please submit your application to** [**tt@ihnewcastle.com**](mailto:tt@ihnewcastle.com)