



TEACHER  
TRAINING

Skola Teacher Training  
3<sup>rd</sup> Floor  
25-27 Oxford Street  
London  
W1D 2DW

Tel: +44 (0) 20 7287 3216  
E-mail: celta@skola.co.uk

***How did you hear about SKOLA teacher training?***

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**APPLICATION FORM**

Course:	Cambridge CELTA	Course Dates:	
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**Personal Details**

Name:			
Date of Birth:		Nationality:	
First Language:			
Address:			
Post/Zip code:		Country:	
Daytime Phone:		Mobile no:	
E-mail:			

**Education & Qualifications**

Date	Qualification	Subject



Tel: +44 (0) 20 7287 3216  
E-mail: [celta@skola.co.uk](mailto:celta@skola.co.uk)

Language	Spoken / written	Level (Basic, Intermediate, Advanced)

Date	School/Institution	Subject taught

[illegible]



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### Reference

Please provide details of an academic or professional referee who would be prepared to support your application.

Name:	
Company / Institution:	
Position:	
Relationship to you:	
Address:	
Phone:	
E-mail:	

### Supporting Statement

Please describe below your reasons for applying for this course. What do you hope to get out of it and how the course will change your career?

<i>continue on the next page if required</i>



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#### Health Declaration

Do you have any pre-existing health conditions which may affect your participation on the course?  
(Please tick)

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, please provide details:
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#### Applicant's Declaration

I have read and agree to the terms of enrolment, and certify that all details relating to my application are true to the best of my knowledge

Signed:		Date:	
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**Please attach a recent photograph along with this application form**