



Please complete this application form in detail to allow us to assess your suitability for this course.
Please attach any additional information to support your application, if necessary.
Course fees are payable in full prior to commencing the course.

Personal Details - please fill in all areas and print clearly as these details will be used to register you with NCFE/CACHE.

The name you supply us with will appear on your certificate and should correspond to the name that appears in your passport.

Which course are you applying for? Award Certificate Diploma

Title (Mr/Mrs etc.):	First Name:	Surname:
Maiden Name (if applicable):		Gender:

Current Address:			
Telephone	Mobile:	Home:	Work:
Email address:			
Other contact number in case of difficulty in contacting you:			

Date of birth: (dd, mm, yyyy)
<p>Ethnicity- Please select</p> <p>The available ethnicity codes are;</p> <p>31 – English / Welsh / Scottish / Northern Irish / British</p> <p>32 – Irish 33 – Gypsy or Irish Traveller 34 – Any other White background</p> <p>35 – White and Black Caribbean</p> <p>36 – White and Black African</p>

- 37 – White and Asian
- 38 – Any other mixed / multiple ethnic background
- 39 – Indian
- 40 – Pakistani
- 41 – Bangladeshi
- 42 – Chinese
- 43 – Any other Asian background
- 44 – African
- 45 – Caribbean
- 46 – Any other Black / African / Caribbean background
- 47 – Arab
- 98 – Any other ethnic group
- 99 – Not provided

QUALIFICATIONS

Details of Qualifications

Institution	Date from	Date to	Subjects	Qualification

Details of Higher Education

Institution (State full or part-time)	Date from	Date to	Subjects studied	Qualifications obtained	Class of Degree

Details of A Levels / equivalent qualifications obtained:

School	Location	Date from	Date to	Subject and Grades attained

EMPLOYMENT HISTORY

Please list your employment history since first graduation and prior to that if you consider it relevant. State 'n/a' where columns do not apply. Chronological order starting with current employment. Please include currency for pay.

Employer / name of school or company	Country	Position held and/or duties	FT / PT	Date from	Date to	No. on roll	Ages taught	Total Annual Pay

Please explain any gaps in your employment history:

Please describe your experience working with children and young people.

What do you hope to get from the course?

Do you have any concerns or worries about your learning?

Please give details of any serious illnesses, operations and medical conditions which you feel we may need to know about to support your studies.

Conditions of registration

Declaration

Please read carefully before signing

- Complete all sections of the form and return to horwoods@britishschoolmuscat.com
- When signing you are agreeing to paying all fees relevant to the course you are signing up to.
- Please note, your application is subject to a 6 week review.

I declare that the information given in this form is true and accurate and I understand the conditions fully and agree to abide by them.

Name / signature	Date
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