



National Star

Realising the aspirations
of people with disabilities

City and Guilds – Award in Education and Training (Level 3)

APPLICATION FORM

Name (As you would like it printed on your certificate) <i>in capitals please</i>					
				Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth		e-mail			
Address					
Telephone		Mobile no.			
College Name					
Post held					
Please indicate the number of hours of teaching per week					
Have you enrolled with City and Guilds before? YES <input type="checkbox"/> NO <input type="checkbox"/>					
				Enrolment no.	
Equality and Diversity – I would consider myself as being – Please tick the box					
Asian, Asian British	<input type="checkbox"/>	Asian, Asian British - Indian	<input type="checkbox"/>	Asian, Asian British - Pakistani	<input type="checkbox"/>
Asian, Asian British – Bangladeshi	<input type="checkbox"/>	Black –Black British – African	<input type="checkbox"/>	Black –Black British - Caribbean	<input type="checkbox"/>
Black –Black British	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Mixed – Asian	<input type="checkbox"/>
Mixed – White and Black African	<input type="checkbox"/>	Mixed – Caribbean	<input type="checkbox"/>	Any other Mixed Background	<input type="checkbox"/>
White British	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	Any other White background	<input type="checkbox"/>
Disability – Do you have a disability or health difficulty? Please tick					
Visual impairment	<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>	Disability affecting mobility	<input type="checkbox"/>
Other physical disability	<input type="checkbox"/>	Medical (epilepsy, diabetes etc)	<input type="checkbox"/>	Emotion/behavioural difficulty	<input type="checkbox"/>
Mental health difficulty	<input type="checkbox"/>	Temporary disability	<input type="checkbox"/>	Complex disability	<input type="checkbox"/>
Aspergers syndrome	<input type="checkbox"/>	Multiple disabilities	<input type="checkbox"/>	Other disability	<input type="checkbox"/>
Learning Difficulty – Do you consider that you have a learning difficulty? Please tick					
Moderate learning difficulty	<input type="checkbox"/>	Sever learning difficulty	<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>
Dyscalculia	<input type="checkbox"/>	Autism	<input type="checkbox"/>	Other	<input type="checkbox"/>
Would you like to discuss any support you may require in confidence with the college disability officer?					
<input type="checkbox"/>					
Residential status Have you been living in the UK or any other EU/EEA country for the past 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If no, please state country and residential status					
You may be asked to provide proof of your status E.G. Passport, Home Office papers					
Have you undertaken any other teaching qualification before? YES <input type="checkbox"/> NO <input type="checkbox"/> (if yes, please list below)					
Qualification name (List only main professional qualifications held)	Level	Award	Date	College/University	
Signed			Date		
Application endorsed by Line Manager		Name:-			
Only necessary if NSC staff		Position			
Signed		Date			



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APPLICATION FORM – Part 2

Name :-

Please write in no more than 300 words how you think this course will contribute to your professional development as a teacher. Write concisely and talk about your own professional development. Talk about your current strengths and areas that you consider you need to improve. This short piece of writing will be used to assess your starting point for this level of programme.