

Edinburgh Steiner Teacher Education Course

APPLICATION FORM

1. Personal details:	
Family name/surname:	First/given name:
Title (Dr, Mr, Mrs, Ms, etc):	Date of birth:
Gender: Male □ Female □	Nationality:
Country of birth:	
Country of permanent residence:	
1. Residence:	
Applicants not born in EU please state date of ent	ry in U.K.
Date of arrival:	Details of Visa:
2. Address details:	
Permanent home address:	Address for correspondence (if different from home address)
Postcode: Country: Telephone: E-mail:	Postcode: Country: Telephone:
L-IIIaII.	E-mail:

3. English language requirement:				
Is English your first language:	yes □ no □			
Please list any formal English	qualifications (IELTS, TOEFL, GC	E, GCSE, etc)		
English qualification	Result/score	Date taken		
(including Examining Body				

4. Educational qualifications:

Please give details of your main qualifications. List in reverse chronological order giving most recent first. Please attach copies of certificates with this application form.

Qualification Title	Grade or Class	Name of Institution	Awarding Body	Date of Award

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5. I	Protess	ional and	a otner d	auaiitica	tions:

Please give details of any professional qualifications held. List in reverse chronological order giving most recent first. Please attach copies of certificates with this application form.

Qualification Title	Awarding Body	Date of Award

6. Additional Information/ Personal Statement:				
Please use this space to provide any additional information that you might feel is relevant.				

7. Fund	ding information:					
Who wi	II pay your fees?					
You 🗖	your family □	Governm	nent body 🗆	Employer 🗆	l Other □	
If anyor	ne other than yourse	elf, please	provide details:			
Contact	name:					
Compar	ny/Organisation:					
Address	3:					
Postcod						
Country						
Telepho	one:					
Email:						
8. Emp	loyment and experi	ence:				
-	give details below of		ent including previ	ous position h	neld with prese	nt
employ	er or periods of bein	ig self emp	loyed. List in reve	se chronologi	cal order giving	,
	cent first.					
	olease include a CV/I					
Name a	nd address of emplo	oyer Title	and duties of posi	Date from	Date to	
		1		i	1	

these references with your application.			
Names:	Names:		
Position:	Position:		
Company/Organisation	Company/Organisation:		
Address:	Address:		
Postcode:	Postcode		
Country:	Country		
Telephone:	Telephone:		
Email:	Email:		
10. Declaration:			
I confirm that to the best of my knowledge, the in and complete.	formation given in this form is correct		
Signature of applicant:	Date:		
Please return the completed application form together with your 2 letters from referees by e-mail to teachertraining@edinburghsteinerschool.org.uk or mail to:			
Foundation Course and Edinburgh Steiner Teacher	r Education Course		
Deirdre Hill			
60 Spylaw Road			
Edinburgh EH10 5BR			

Please give details of two referees below. Please forward the enclosed reference forms to your two referees, asking them to return them to you in a sealed envelope. Please return

9. Referees:

United Kingdom

11. Application checklist:				
Please ensure you have enclosed the following items with this application form:				
Copies of educational/degree certificate(s)				
Copies of professional or other relevant certificate(s) e.g Highers, "A" levels, outward bounds, first aid etc.				
Two references	1			
CV/resume				

Note to applicant regarding reference forms:

Please complete sections 1 and 3 yourself (section 3 with your address) and then pass to one of your referees. Note that we require two completed reference forms (at least one from an academic member of staff or past /present employer) in order to process your application.