



TEST OF ENGLISH FOR AVIATION

Attach photo here

1. Personal details

Surname	First name(s)	Title (Mr, Ms, etc.)	Gender (M/F)
Date of birth	Nationality	Contact address	
Email address	Telephone number		
Date of application			

2. Qualifications

Undergraduate and postgraduate qualification(s)

Degree / Certificate obtained	Institution (name & location)	Dates (From – To)

Teaching English to Speakers of Other Languages (TESOL) qualifications (undergraduate or postgraduate)

Degree / Certificate obtained	Institution (name & location)	Dates (From – To)

3. Teaching experience – last 3 years (begin with most recent or current employer)

Name and address of employer	Dates (From – To)	Average teaching hours per week
	.	
Telephone number of employer		
Email address of employer		
Types of English taught – please tick:	<input type="checkbox"/> Aviation English: <input type="checkbox"/> General English <input type="checkbox"/> English for Business <input type="checkbox"/> Young Learners <input type="checkbox"/> English for Academic Purposes (EAP) <input type="checkbox"/> Examination preparation	

Name and address of employer	Dates (From – To)	Average teaching hours per week
Telephone number of employer		
Email address of employer		
Types of English taught – please tick:	<input type="checkbox"/> Aviation English <input type="checkbox"/> General English <input type="checkbox"/> English for Business <input type="checkbox"/> Young Learners <input type="checkbox"/> English for Academic Purposes (EAP) <input type="checkbox"/> Examination preparation	

If you have worked for more than 2 employers in the last 3 years, please continue on a separate sheet.

4. Aviation experience last 3 years (begin with most recent or current employer)

Name of Employer	Dates (From – To)	Duties (e.g. Pilot rating, Operational Experience)

Please continue on a separate sheet if required.

5. Examining experience last 3 years (begin with most recent or current employer)

Date (From-To)	Examination Title	Examining body

6. English language qualifications

Is English your mother-tongue Yes ☐ No ☐
 If "No", what English language qualifications do you have?

Name of qualification (with grades / marks)	Examining body	Date of examination

Declaration

Please read and sign below to indicate your agreement:

I declare that the information I have provided in this application form is full and accurate, to the best of my knowledge and belief, correct and complete.	
Name of applicant	
Applicant's signature	
Date of application	

Please return a scanned copy of this document to english@maycoll.co.uk or fax a copy to ++44-1752-671537.
 The original document should be posted to: Mr Jonathan Salisbury, Mayflower College, 1 Radford Road, Plymouth PL1 3BY, Devon, England