

Interested in July 2nd – July 27th **OR** August 6th to September 6th (delete as appropriate)

How did you hear about the CELTA course offered by ALLC IH Beirut?

First name	_____	Family name	_____
Address	_____ _____ _____	Date of Birth	_____
		Nationality	_____
		Native language	_____
		Current occupation	_____
Telephone	_____	Email	_____
Mobile	_____	Skype ID	_____

Education and qualifications

Secondary education

Name of school(s)	Leaving date	Qualification
_____	_____	_____
_____	_____	_____

Further/Higher education

Name of college/university	Dates	Qualification
_____	_____	_____
_____	_____	_____

Other relevant qualifications

Name of institution	Dates	Qualification
_____	_____	_____
_____	_____	_____

Language proficiency

(please state which languages you know and your level of proficiency in each)

Language	Proficiency	(please attach photo)
_____	_____	[_____]
_____	_____	
_____	_____	
_____	_____	
		[_____]

Training and experience

Do you have any training and/or experience in language teaching (please state qualification, organisation, dates, grades, type of teaching)

Do you have any training and/or experience as a teacher of other subjects?

What other work experience or professional training do you have?

General health

Please mention any medical problem that may affect your performance on the course. Include any allergies or any illness for which you are receiving treatment.

By signing below, you are confirming all information contained in this document is accurate.

Signed _____

Date _____