**Teacher Training Application Form**

This application form should be used by applicants for the:

Cambridge CELTA Course

# Please complete and return as soon as convenient.

*your photograph*

*either with your application, or on the first day of the course, you will need to provide two passport-type photos*

# 

by e-mail to [dos@ihpalermo.it](mailto:dos@ihpalermo.it)

or by post to **The Teacher Training Course Director**

**International House Language Centre**

**Via Quintino Sella, 70**

### 90139 Palermo

or by fax to **+39 091 323965**

For telephone enquiries, phone International House Palermo **+39 091 584954**

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| --- | --- |
| **Name of course you are applying for:** | **Preferred start date:** |

|  |  |
| --- | --- |
| **Surname:** | **First name:** |

|  |  |
| --- | --- |
| **Address for correspondence:** | |
| **Telephone:** | **Skype:** |
| **e-mail:** | |

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| --- |
| **Nationality: Mother tongue:**  **Date of birth:** |

|  |
| --- |
| **Do you have any illness or disability that may affect your ability to complete the course?**  If yes, please specify (use a separate sheet if necessary) We will do our best to accommodate you. |

**Education**

|  |  |  |
| --- | --- | --- |
| School | Dates | Qualifications |

|  |  |  |
| --- | --- | --- |
| University / College | Dates | Qualifications |

|  |
| --- |
| Other relevant qualifications (please include any English teaching qualifications) |

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| --- |
| **Present occupation:** |

|  |
| --- |
| **Knowledge of languages (please indicate level in reading, writing, speaking and listening):** |

**Teaching experience (if any. Experience is not a requirement of the course)**

|  |  |  |  |
| --- | --- | --- | --- |
| Institution | Approximate dates | Subjects | Ages |

**Other relevant experience**

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| --- |
|  |

**Please tell us in approximately 200 words why you would like to follow this course, and why you would like to study at International House Palermo.**

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**Please inform us of any other relevant information regarding your application.**

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**Referees**

Please give the names, addresses, and contact details of two referees who would be prepared to give relevant support to this application. Please indicate in what context they know you.

|  |  |
| --- | --- |
| **1)** | **2)** |

**How did you hear about this course?**

|  |
| --- |
|  |

**Disclaimer**

I declare that the personal information given in this application form is accurate to the best of my knowledge.

|  |  |  |
| --- | --- | --- |
| **Signature** |  | **Date** |