

ALLC International House Beirut

CELTA application form

Date of application: _____



Please indicate which course you are applying for:

2021	2022
Part-time courses <input type="checkbox"/> 9 January to 13 March <input type="checkbox"/> 20 March to 22 May <input type="checkbox"/> 9 October to 11 December Full time courses <input type="checkbox"/> 5 July to 6 August <input type="checkbox"/> 9 August to 10 September	Part-time courses <input type="checkbox"/> 8 January to 12 March <input type="checkbox"/> 26 March to 31 May <input type="checkbox"/> 15 October to 11 December Full time courses <input type="checkbox"/> 4 July to 5 August <input type="checkbox"/> 9 August to 9 September

Please attach photo here

(For internal admin purposes)

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

First name _____	Family name _____
Address _____ _____	Date of Birth (dd/mm/yy) _____
_____	Nationality _____
_____	Native language _____
Telephone _____	Curent Occupation _____
Mobile _____	Email _____
	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
_____	_____	_____
_____	_____	_____

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Language proficiency

please state which languages you know and your level of proficiency in each. Include details of any internationally recognised English language tests you have taken with test name, date and result.

<u>Language</u>	<u>Proficiency</u>
_____	_____
_____	_____
_____	_____
_____	_____

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?

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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 _____