

# ALLC International House Beirut

CELTA application form

Date of application: \_\_\_\_\_



Please indicate which course you are applying for:

2023	2024
<b>Part-time courses</b>	<b>Part-time courses</b>
<input type="checkbox"/> 14 January to 25 March	<input type="checkbox"/> 20 January to 23 March
<input type="checkbox"/> 15 April to 17 June	<input type="checkbox"/> 20 April to 29 June
<input type="checkbox"/> 5 August to 7 October	<input type="checkbox"/> 3 August to 5 October
<input type="checkbox"/> 14 October to 23 December	<input type="checkbox"/> 12 October to 14 December
	<b>Full time courses</b>
	<input type="checkbox"/> 1 July to 2 August

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** \_\_\_\_\_

\_\_\_\_\_ **Curent 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
_____	_____	_____
_____	_____	_____

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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)

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

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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.

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

Signed \_\_\_\_\_

Date \_\_\_\_\_