## **ALLC International House Beirut**

CELTA application form
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Date of application:

## Please indicate which course you are applying for:

2025	
Part-time courses	
□ 3 May to 12 July	
□ 2 August to 4 October	
□ 11 October to 20 December	

Please attach photo here

(For internal admin purposes)

How did you hear about the CELT	A course offered by ALLC IH Beirut?
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First name		Family name	
Address		Date of Birth	(dd/mm/yy)
		Nationality	
		Native langua	ge
		Curent Occupa	ation
Telephone		Email	
Mobile		Skype ID	_
Education and qualification  Secondary education  Name of school(s)	<b>s</b> 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 internationally recognised Eng			
<u>Language</u>	<u>Proficiency</u>		
Training and experience			
Do you have any training an organisation, dates, grades,		guage teaching? (p	lease state qualification,
Do you have any training an	d/or experience as a to	eacher of other sub	jects?
What other work experience	or professional trainin	ng 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