ALLC International House Beirut

CELTA application for





Date of application:

PΙ	lease inc	licate	which	course	you	are	app	lying	for:
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2026	
Part-time courses	
□ 24 January to 11 April	
□ 25 April to 4 July	
□ 11 July to 26 September	
☐ 10 October to 19 December	

Please attach photo here

(For internal admin purposes)

First name	Fami	ly name
Address	Date	of Birth (dd/mm/yy)
	Natio	onality
		e language
	Cure Emai	nt Occupation
Mobile	Skyp	
Education and qualification	ons	
Secondary education Name of school(s)	Leaving date	Qualification
•		Qualification
Name of school(s)		Qualification
Name of school(s) Further/Higher education		

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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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ate of application:	
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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