

So He Cares

# **Registration Form for Teachers International Professional Development Programmes (TIPDP)**

## All parts of this application form must be completed. Incomplete applications will be returned.

## If you are accepted, you will need to register with the Disclosure and Barring Service (formerly CRB)/Police Certification as the case may be.

### You will be responsible for any payment required by the DBS/Police Certification

### for this service. A place on the course is subject to receipt of this documentation.

#### NOTE: Please complete this form in BLOCK CAPITALS IN BLACK INK or electronically.

**OUR FEES ARE NON-REFUNDABLE**

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| --- |
| Mr/Mrs/Miss/Ms/ other  |
| Surname |
| First names |
| Date of birth Nationality |
| Address  |
| Tel. No. (home)  |
| Tel. No. (work) |
| Tel. No. (mobile) |
| E-mail:  |
| Will you require a visa? Yes No (If yes, please provide more details): .....................................................................................................................................................................................................................................................................................................................................................  |
| Name, telephone number and email address of the person to contact in the case of an emergency: ......................................................................................................................................................................................................................................................................………………………………………………………………………………………………..………………………………………………………………………………………………  |
| How did you hear of our program?  |
| Recommendation Advertisement Agent Internet Other (please specify) ...........................................................................  |
| Please give details: ......................................................................................................................................................................................  |
| Present occupation: .....................................................................................................................................................................................  |
| Previous work experience: ............................................................................................................................................................................ .................................................................................................................................................................................................................  |
|  |
| Course or program applied for: (Please tick the relevant box) |
|  5 Day Session designed to give you a taster of teaching in the Uk. it is suitable for anyone who is in teaching, training and tutoring, or where teaching /training is only a part of your job. |
|  5 Day Session designed to give you a taster of KS1 teaching in the Ukit is suitable for anyone who is in teaching, training and tutoring, or where teaching /training is only a part of your job.  |
| 5 Day Session designed to give you a taster of KS2 teaching in the Uk. it is suitable for anyone who is in teaching, training and tutoring, or where teaching /training is only a part of your job. |
| 5 Day Session designed to give you a taster of Secondary teaching in the Uk. it is suitable for anyone who is in teaching, training and tutoring, or where teaching /training is only a part of your job. |
| All programmes require the ability to communicate fluently, accurately and effectively in professional spoken English. |
| What are your teaching subject(s)? |
| What qualifications do you have in the subject area(s)?  |
| Position Employer  |
| Brief description of duties |
| How long have you been teaching? (years/ months) |
| Names and full addresses of two referees (not relatives),  |
| **Referee 1 Referee 2** |
| Name Name |
| Relationship to you Relationship to you |
| Address Address |
| Email Email |
| Tel. Tel. |
| **Disability** |
| You have the right not to disclose your disability or to request that the existence or nature of your disability be treated as strictly confidential and therefore not shared with relevant staff across the college. However, if your disability impacts upon professional fitness to train/practice standards you are personally responsible for disclosing relevant information about your disability in line with professional accreditation requirements. |
| Please confirm in the box below. |
| Do you consider yourself to have a disability(ies) |
| Do you consider yourself to have a health |
| problem(s) that may affect your ability to complete |
| the course? |
| Please set out details of your disability(ies) or health problem(s)………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| Please provide details of any special arrangements/adjustments you require |
| ………………………………………………………………………………………..………………………………………………………………………………………………………………………………………………………………………………… |
| **Transportation (Optional) Please tick as appropriate** |
| Transport Charges in bracket  |
| **Group charges will be discounted, Send email for details** |
| Do you require transportation to and from the airport? (£100.00) One-time charge |
| Do you require transportation to and from the Schools? (£25.00) Daily |
| Accommodation charges in bracket |
| **Accommodation (Optional) Please tick as appropriate** |
| Do you require accommodation in a hostel? (£20.00) per room per night |
| Do you require accommodation in a hotel? (£50.00) per room per night  |
| ***All payments must be made at least 2 weeks before Session starts.***  |
| **Any other details you may want us to know?** |
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