



## Language & Teaching Skills Development Course 15 – 26 July 2013

### Your Personal Details

Title (Mr/Mrs/Ms):	Family name:	Other names:
Date of birth (DD/MM/YY):	Sex (male/female):	Nationality:
Home address:		
Email address:		
Telephone:	Fax:	
Special support required (because of a disability or a medical condition):		
How did you find out about the Language & Teaching Skills Development Course?		

### Your academic qualifications and professional training

Institution	Qualification	Dates

### Present employment information

Institution Name:
Type of institution (state secondary school, private language school etc.):
Date started (month and year)
Address
Outlines your teaching responsibilities (nature of the classes, level etc.)

--

**Previous Teaching positions**

Institution	Position	Duties	Dates

**Supplementary Information**

In approximately 250 words, please explain why you have applied for this course and what you hope to achieve from your time at UCL.
---

**Declaration**

In applying for this course I agree to abide by the Current Rules and Statutes of University College London.

**Signature (or name if sent by email):**

**Date:**

**Please return the completed application form to:**

E-mail: c.metzger@ucl.ac.uk  
Post: EAP Office, UCL Centre for Languages & International Education, 26 Bedford Way, London WC1H 0AP

U.K. Data Protection Act 1998: The Personal Data that you give on this form will be used for the administration of your course at UCL. The Data will not be forwarded to third parties without your consent. The form will be kept at the Centre for Languages & International Education with your other course information.