

English Language Teachers' Summer School 2019



Please ensure all sections are completed in BLOCK CAPITALS

PERSONAL INFORMATION

Title (Mr/Ms/Other) Male Female

First name(s).....

(As shown on passport)

Last name(s).....

(As shown on passport)

Preferred name for badge (including last name)

.....

Preferred name for documentation (i.e. certificates)

.....

Date of Birth | Day Month Year

Nationality

(As shown on passport)

Do you hold an EU passport? Yes No

Address

.....

Town

Region/state Postal code

Country

Email

Telephone

EMERGENCY CONTACT

Title Name

Relationship Telephone

Email

WORKSHOP CHOICES

You will take one workshop from a choice of two. Please rank workshops 1–2 in order of preference with 1 being your preferred choice and 2 your least preferred choice.

Teaching Young Learners how to Think (P*)	
Creating and Writing Classroom Materials (S*)	

* (P) = Primary (S) = Secondary and Adult

QUALIFICATIONS

University	
Qualification	
Subject(s)	
Date of award	
University	
Qualification	
Subject(s)	
Date of award	

TEACHING EXPERIENCE

Current post/title

Institution

How long have you been teaching English?

Average size of the classes you teach

Number of hours taught per week

Groups currently taught (please tick)

Primary Secondary Vocational Adult Other

Tick the classes you teach and at which level(s):

	A1	A2	B1	B2	C1	C2
General ELT						
Business/ESP						
Exam Preparation						
Other (please specify)						

ENGLISH LANGUAGE PROFICIENCY

I confirm that my English language proficiency is at CEFR level B2 or above

RESIDENTIAL STATUS AND FEES

Ensuite (private shower and toilet) £1700

Non-residential (no accommodation) £1200

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DIETARY REQUIREMENTS

The following special diets are available but only if requested in advance:

Vegan		Fish-eating vegetarian	
Vegetarian		No red meat	
Gluten-free		No dairy	
Diabetic		Food allergy (please specify below)	

Allergy or further information

.....

DATA PROTECTION

Information collected on this form will be held in accordance with the provisions of the General Data Protection Regulations (GDPR) for the purposes of processing your application and for student administration.

See the student privacy policy www.conted.ox.ac.uk/about/privacy-policy for further information.

Periodically, Oxford University Department for Continuing Education (OUDCE) may send you information about its future programmes, about other activities related to its programmes and about the benefits and services, which are available to students of OUDCE. If you wish to receive such information, please tick the following boxes:

- I wish to receive information by post
- I wish to receive information by email

DECLARATION

I certify that the information given in this application is complete and accurate to the best of my knowledge. In enrolling on the English Language Teachers' Summer School 2019, I accept responsibility for payment of the full fees in accordance with OUDCE's terms and conditions (<https://www.conted.ox.ac.uk/about/terms-and-conditions>).

I also agree to abide by the regulations of OUDCE (<https://www.conted.ox.ac.uk/courses/webfiles/Policy/DisciplinaryRegulations.pdf>)

Subject to English Law

Signature

.....

Date

.....

DISABILITY

Do you have a disability or long-term medical condition?

Yes (please tick all that apply)	
A specific learning disability such as dyslexia, dyspraxia or AD(H)D	<input type="checkbox"/>
General learning disability (such as Down's syndrome)	<input type="checkbox"/>
A social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder	<input type="checkbox"/>
A long standing illness or health condition such as cancer, HIV, diabetes, epilepsy, chronic fatigue syndrome etc.	<input type="checkbox"/>
A mental health condition such as depression, anxiety, bipolar disorder etc.	<input type="checkbox"/>
A physical impairment or mobility issues	<input type="checkbox"/>
Deaf or serious hearing impairment	<input type="checkbox"/>
Blind or serious visual impairment uncorrected by glasses (please specify)	<input type="checkbox"/>
.....	
A disability, impairment or medical condition not included above (please specify)	<input type="checkbox"/>
.....	
No known disability	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

ETHNIC ORIGIN

Please describe your ethnic origin

- Arab
- Asian
- Bangladeshi Indian Pakistani
- Other Asian background (please specify)
- Black
- African Caribbean
- Other Black background (please specify)
- Chinese
- Gypsy or Traveller
- Mixed (please specify)
- White
- Other ethnic background (please specify)
- Prefer not to say

MARKETING

How did you find out about the seminar?

- Searching OUDCE website (www.conted.ox.ac.uk)
- Link from another website (please specify)
- A search engine (please specify)
- From a past participant – attended in (year)
- Referred by an education institution or other organisation (please specify)
- Other

Please return this form by either email or post to: ipteachers@conted.ox.ac.uk or

English Language Teachers' Summer School, OUDCE, 1 Wellington Square, Oxford, OX1 2JA, UK

All applications should be accompanied by a digital photo of the applicant or, if posting, five passport-sized photographs.