

Oral Ref
Written Ref Sent
Written Ref Received

Short Course Teaching Staff

N/R
Date Received

Please complete this form and return it to the address below

Personal Information

Family Name	First Name	Photo
Address	Nationality	
	Date of Birth	
	Email Address	
	Home Tel	
Post Code	Day Time Tel	
Country	Fax	

Position(s) applied for

- Junior Courses (Residential)
 Junior Courses (Non-residential)
 16+ Courses (Non-residential)

For non-residential posts, if you require help finding accommodation in Oxford, please tick box

Dates and Hours

Please tick the weeks in which you would be available for work

- | | | |
|--|---|---|
| <input type="checkbox"/> 23 June 2003 | <input type="checkbox"/> 30 June 2003 | <input type="checkbox"/> 7 July 2003 |
| <input type="checkbox"/> 14 July 2003 | <input type="checkbox"/> 21 July 2003 | <input type="checkbox"/> 28 July 2003 |
| <input type="checkbox"/> 4 August 2003 | <input type="checkbox"/> 11 August 2003 | <input type="checkbox"/> 18 August 2003 |

Approximately how many hours teaching per week would you prefer?

- 15
 18 (Juniors)
 21
 25.5 (Intensive)

Skills and Experience

Most recent post held and/or qualification obtained

Please tick the area(s) where you have experience/qualifications.		
<input type="checkbox"/> EFL for Primary	<input type="checkbox"/> Grammar	<input type="checkbox"/> Video Film Making
<input type="checkbox"/> EFL for Juniors	<input type="checkbox"/> Vocabulary	<input type="checkbox"/> Popular Music & Films
<input type="checkbox"/> EFL for Young Adults	<input type="checkbox"/> Conversation	<input type="checkbox"/> Computing
<input type="checkbox"/> EFL for Adults	<input type="checkbox"/> Current Affairs	<input type="checkbox"/> Art
<input type="checkbox"/> EAP	<input type="checkbox"/> Pronunciation	<input type="checkbox"/> Drama
<input type="checkbox"/> English for IB	<input type="checkbox"/> Creative Writing	<input type="checkbox"/> Idioms
<input type="checkbox"/> Teacher Training	<input type="checkbox"/> Cambridge Exam Practice	<input type="checkbox"/> Phrasal Verbs
<input type="checkbox"/> English for Business	<input type="checkbox"/> Oxford (History/Art/Architecture)	<input type="checkbox"/> British Culture
<input type="checkbox"/> English Literature	<input type="checkbox"/> One to One	<input type="checkbox"/> British History/Politics
<input type="checkbox"/> CALL	<input type="checkbox"/> Other _____	

Please add any other information relevant to your application (e.g. languages spoken, interests, skills)
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Signature	Date
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