

Oral Ref
Written Ref Sent
Written Ref Received

Short Course Teaching Staff 2004

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		
<input type="checkbox"/> Junior Courses (Residential)	<input type="checkbox"/> Junior Courses (Non-residential)	<input type="checkbox"/> 16+ Courses (Non-residential)
For non-residential posts, if you require help finding accommodation in Oxford, please tick box		<input type="checkbox"/>

Dates and Hours		
Please tick the weeks in which you would be available for work		
<input type="checkbox"/> 21 June 2004	<input type="checkbox"/> 28 June 2004	<input type="checkbox"/> 5 July 2004
<input type="checkbox"/> 12 July 2004	<input type="checkbox"/> 19 July 2004	<input type="checkbox"/> 26 July 2004
<input type="checkbox"/> 2 August 2004	<input type="checkbox"/> 9 August 2004	<input type="checkbox"/> 16 August 2004
Approximately how many hours teaching per week would you prefer?		
<input type="checkbox"/> 15	<input type="checkbox"/> 18 (Juniors)	<input type="checkbox"/> 21
		<input type="checkbox"/> 25.5 (Intensive)

Skills and Experience		
MMost recent post held and/or qualification obtained - if you are a returning member of staff, please supply name and address of current employer.		
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)		

Signature	Date
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Qualifications

Qualification	Institution(s) attended	From	To	Date of Award

Please tick if you have the following qualifications:

First Aid

Lifeguard

Driving Licence

Employment History (please indicate any post involving work with young people under 18 years old)

Position/Employer	Address	From	To	Reason for Leaving

Referees

Name	
Position	
Capacity in which known	
Address	
Postcode	Country
Tel	
Fax	

Name	
Position	
Capacity in which known	
Address	
Postcode	Country
Tel	
Fax	