

IB Institute Teaching Staff 2005

Date Received	

Please complete this form and return it to the address below

Personal Information								
Family Name	First Name							
Address	Nationality							
	Date of Birth							
	Email Address		Photo					
	Home Tel							
Post Code	Day Time Tel		-					
Country	Fax							
333.15.7								
Skills, Experience & Availability								
Most recent post held and/or qualific current employer. Please tick the subjects you are inter								
	Main Course Classes - (18 hours over 5 days)							
Week One (23 - 29 July 05)	Week Two (30 July -	5 Aug 05) Week	c Three (6 - 12 Aug 04)					
IB Review Courses	IB Review Courses	IB Re	eview Courses					
Biology HL Chemistry SL Physics HL Economics SL History (Modern European) Maths SL Maths Studies	Biology SL Chemistry HL Physics HL Economics HL HISTORY (Modern Eu Maths HL	Ch Ph En uropean) SL En	ology HL emistry HL ysics HL glish A1 HL and SI glish B HL and SL aths SL					
IB Introduction course part 1	(July 23 - August 2)	IB Introduction cours	se part 2 (August 3 - 12)					
An introduction to IB Math An introduction to IB Indiv An introduction to TOK An introduction to CAS	S	An introduction to I An introduction to I An introduction to I English language (A	B Biology B Chemistry B Physics (1) (native speakers) (2/B) (non native speakers) OK					
Week One	Afternoon Enrichment Classes - (6							
Week One Public Speaking & Leadersh Written English-native spea English Grammar-non-nativ SAT Preparation (Verbal Pa Study skills (IB intro) Preparation for UK universit	kers Written English-nat ve speakers English Grammar-n per) SAT Preparation (M Study skills (IB intr ty Preparation for UK	Leadership skills*	k Three blic Speaking & Leadership skills* itten English-native speakers glish Grammar udy skills (IB intro) eparation for UK university					
Please add any other information re	levant to your application (e.g. lang	guages spoken, interests, sk	iills)					
Signature			Date					

- Qualifications —							
Qualification	Institution(s) attended		From	То	Date of Award		
					_		
Diagon tight if you have the fell	avia a sua lificationa.						
Please tick if you have the following qualifications: ☐ First Aid ☐ Driving Licence							
- Work Experience (Please include	de all temporary summer employme	nt & any post i	nvolving wor	k with people	e under 19 years old.)		
Position/Employer	Address		From	То	Reason for Leaving		
	-						
- Referees -				<u>l</u>			
Name		Name					
Position		Position					
Capacity in which known Capacity in which known							
Address		Address					
Postcode	Country	Postcode		Со	ountry		
Tel	Fax	Tel	Tel Fax				
Email		Email					
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