**COSTA RICA TESOL**

**(Application for the courses fully funded by COSTA RICA TESOL )**

**Please read instructions carefully before applying**

3 x 4 cm

**APPLICATION FORM**

**PART- I**

|  |  |
| --- | --- |
| Nationality\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Institute : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name of Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Commencing :From \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_ DD/MM/YYYY DD/MM/YYYY  |

**1. Personal Particulars**

|  |  |
| --- | --- |
| Name (s) : |  |
| Last Name : |  |
| Sex (tick one): | MALE / FEMALE |
| Marital Status: |  |
| Date of Birth: | ---------------------------------------------------- Date - Month - Year |
| Cedula Number.: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date & Place of issue :- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Valid till :- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: | Office | Residence |
|  |  |  |
| Tel Nos. |  |  |
| Mobile/Cell : |  |  |
| Fax : |  |  |
| E-mail : |  |   |
| Special dietary needs, if any : |

**Person(s) to be notified in case of Emergency**

|  |  |  |
| --- | --- | --- |
|  | Official Contact | Personal / Family Contact |
| Name : |  |  |
| Address: |  |  |
| Tel Nos: |  |  |
| Mobile /Cell : |  |  |
| Fax: |  |  |
| E-mail: |  |  |

**Educational Qualification(s)**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  Degree / Diploma / Certificates | Year | Name of Educational Institute |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |

**2. Details of Employment/Profession (current & previous)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name of Employer / Department / Company | Position | Period | Description of Work |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |

**Are you an employee of: (Mark appropriate box)**

|  |  |
| --- | --- |
| a. Government □ | b. Own □ |
| c. Private company □ | d. Others ( Please specify) |

**Details of present employer :**

|  |  |
| --- | --- |
| Name : |  |
| Address:  |  |
| Tel. No. : |  |
| E-mail : |  |

**4. Details of Course(s) attended, if any, outside your country**:

|  |  |  |  |
| --- | --- | --- | --- |
|  Country |  Course Details & Duration | Year | Sponsor/Programme |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

5. Please describe in your own words (about 100 words) - (a) reason why you should be elected to take this course and; & (b) reason (s) for applying for this scholarship program.

## UNDERTAKING BY THE APPLICANT

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name, Middle name, Family name)

of (country)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that information provided by me in this form is true, complete and correct.

I also certify that :-

(i) I have read the course brochure and that I am aware of the course contents.

(ii) I have sufficient knowledge of English to participate in the training programme.

(iii) I am medically fit to participate in the Course and have submitted a medical certificate from the designated doctor.

(iv) I have not attended any programme previously sponsored by Costa Rica Tesol.

If accepted for the TEFL CERTIFICATIONtraining programme, I undertake to:

1. Comply with the instructions and abide by Rules, Regulations and guidelines in respect of the training;
2. Follow the full and complete course of study/ training and abide by the Rules of the Institution in which I undertake to study or undergo training;
3. Submit periodic assessments / tests conducted by the Institute (progress report which may be prescribed);.

Date:

Place: (SIGNATURE OF THE APPLICANT)

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Details of the course are on the website of the Institute or can be obtained from them through e-mail.

# IMPORTANT NOTICE

* **Please read the form carefully. Tick the scheme under which you are applying.**
* **The application will be automatically rejected if any column is inaccurate, incomplete or blank.**
* **While filling the form, no abbreviations should be used. Write full name of degree, organization/institution, designation, etc.**
* **Upper Intermediate knowledge of the English language is a pre-requisite..**
* **Candidates must abide by the rules and regulations of the Institute.**
* **Candidates who leave the course midway for personal reasons or remain absent from the programme without sufficient reasons will not obtain their certification.**