 

**APPLICATION FORM FOR TKT CLIL Course**

InterPress International House

Teacher Training Centre

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Kazakhstan

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Name (as on certificate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred course starting date \_\_\_\_\_\_\_\_\_\_ (day) \_\_\_\_\_\_\_\_\_\_ (month) \_\_\_\_\_\_\_\_\_\_ (year)

**1.PERSONAL DETAILS**

Surname (Mr/Mrs/Miss/Ms) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Place of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_Home tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Address (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number for emergency contacts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. EDUCATION**

Please give details of Secondary and Tertiary Education (graduate and post-graduate)

|  |  |  |
| --- | --- | --- |
| Dates  | Institution | Diploma/degree |
|  |  |  |
|  |  |  |
|  |  |  |

**3. LANGUAGE**

Which languages do you speak/read/write? Please comment on your level of proficiency.

**4. TRAINING AND TEACHING EXPERIENCE** Do you have any formal training as a teacher? If yes, please give details below.

**5. HOW DID YOU HEAR ABOUT THE COURSE?**

**6. PEREFFERED TIMETABLE (tick the time slots):**

|  |  |
| --- | --- |
| Day time  |  |
| Evening time |  |

**7. WHEN ARE YOU PLANNING TO TAKE THE TKT CLIL EXAM?**

**8. TERMS AND CONDITIONS**

|  |
| --- |
| Conditions of ApplicationAcceptance on a course does not mean a place has been reserved for you. A place cannot be reserved until a deposit has been paid. The balance of the full fee must be paid no later than **one week before the start of the course.** Fees are not transferable.No refunds will be given should you withdraw from the course for any reason.Certificates are issued by InterPress IH based on 100% attendance and are forwarded to your e-mail addresses at the end of the course.It is important to note that the course will be conducted online via the ZOOM learning platform. To participate in the input sessions, you will need to have a registered free Zoom account. You will be provided with the instructions on how to install Zoom and create an account in the system. You will therefore need to have a computer with an internet connection, camera and microphone. Please note:It is the trainee’s responsibility to provide your own computer equipment with a good internet connection so that you can access the TKT CLIL course. There is no full or partial reimbursement of the course fee for the Trainees due to technical and/or internet access failure.We look forward to welcoming you to our online TKT CLIL course. |

I have read and understood the conditions of the application.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the application and send it as attachment to: **tt-centre@ihkazakhstan.com**