Putting CLIL into Practice Course Application

Personal Information

Office use only: ……………………………………..……………………………………..……………………………………..

incoming number/date/signature

Title Mr/ Mrs/ Ms/ Miss

 Other\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name……………………………………..……………………………………..………………………………………

Family Name………………………………….……………………………………..……………………………………….

Date of Birth ………………………………..……………………………………..…………………………………………

Home Address………………………………..……………………………………..………………………………………..

Town/City…………………………………………….……………………………………..……………………………………

Post Code………………………………………………………………………………………..………………………………..

Country……………………………………………………………………………………………..……………………………..

Nationality……………………………………………………..……………………………………..………………………….

Email……………………………………………………..……………………………………..…………………………………..

Tel/Mobile……………………………………………………..……………………………………..…………………………

Sex male/female

Passport Number/ID Number……………………………………………………..……………………………………..

Contact Person in Emergency ……………………………………………………..…………………………………….

Telephone ……………………………………………………..……………………………………..…………………………..

Course information

How did you hear about CLIL methodology Course in Plovdiv?

Friend/webpage/Other (please specify):…………………………………….

What subject do you teach?

Previous CLIL training?

Details?

Please tell us what you hope to gain from attending the course Putting CLIL into Practice?

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Level of English-tick one box

Pre-Intermediate – A2

Intermediate – B1

Upper-intermediate – B2

Advanced – C1

Do you have any physical difficulties?

Please specify

Declaration

I hereby declare that I filled in the application form personally and I provided the information correctly.

Signature……………………… Date……/…../………..(dd/mm/yy)