

INTERNATIONAL T.E.F.L. TRAINING CERTIFICATE (TEACHER TRAINING COURSE)

Course Location

.....
Dates
.....

PLEASE ATTACH A
PHOTOGRAPH
OF YOURSELF HERE

PLEASE PRINT OFF PAGE AND RETURN.

Please PRINT your name as it will appear on your certificate

Surname Dr/Mr/Mrs/Miss/Ms Forename/s

Address

Postcode

Tel No. (Home) (Work)

Date of Birth Present Occupation

Teaching experience (if any)

Your Education or Training so far:

Your Experience Overseas?

Do you speak another language? **Yes/No**, if yes which?

Do you intend to work abroad or in the U.K.?

Are you interested in overseas projects & placements? **Yes/No**

Your hobbies and interests

How did you find out about us

Payment A

If you wish to pay by Credit or Debit Card you can do so at **no extra charge.**

I wish to pay by Visa / Delta / Eurocard, Mastercard / Maestro / Solo / JCB / Cash / Cheque / Postal order.

I authorise you to debit my account with the amount of £ (Full Payment)

My Card Number is:

Issue Number:

(Maestro or Solo cards if applicable)

Expiry date:

Start Date:

Payment B

I enclose a Cheque for £ (full payment)

please tick box

MODULE 1 MODULES 1 & 2

MODULES 1, 2 & 3

T.E.F.L. CERTIFICATE COURSE
(Cheques made payable to Kristall)

Module 1 Held in

On

Signed Dated

Name (as on card)

Cardholder's address

Signature

Telephone

