Application for Job Shadowing

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| First Name(s): | Surname: |  |
| Date of Birth: | Age: |
| Nationality | Mother tongue: |
| Home Address & telephone number: | Emergency contact name & number (during shadowing) |
| Email address: | Mobile: |  |
| Arrival date and departure date: | | |
| English Language Level (according to the European Framework):  B1 B2 C1 C2 | | |
| School/College Name: | | |
| School Address: | | |
| Subject(s) teacher to observe: | | |
| Personal comments: (e.g. special dietary needs, any health issues, allergies) *Please note many UK hosts have pets such as cats/dogs in the home.* | | |
| Any other comments: | | |

The information given on this form is accurate to the best of my knowledge.

Signed ……………………………………….. Date …………………………………

*Teachers are required to take out adequate travel and medical insurance during their stay.*

🖃 Please email your application(s) to Carol Stephens at [info@delinguatraining.com](mailto:info@delinguatraining.com)   
 or post to: 41 Bath Road, Cheltenham, Glos. GL53 7HQ, United Kingdom.  
  
For further details go to [www.delinguatraining.com](http://www.delinguatraining.com)