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
 or post to: 41 Bath Road, Cheltenham, Glos. GL53 7HQ, United Kingdom.

For further details go to [www.delinguatraining.com](http://www.delinguatraining.com)