



# THE INTERNATIONAL ENGLISH SCHOOL

## TEFL Course Application Form

(Please write in block capitals.)

- *Certificate in Teaching English as a Foreign Language*

Please select: (Mr / Mrs / Ms / Dr / Rev)	
Surname:	First Name:
Nationality:	Date of birth:
Home language(s):	Current occupation:
Address:	
Telephone number(s):	E-mail address:
Full time (FT) / Part time (PT) Course	Preferred Start Date:
What are your educational qualifications and/or relevant work experience?	
Do you speak any foreign languages? If so, please specify which ones? What experience do you have of taking foreign language lessons?	
Please give the name and telephone number of the person to contact in case of an emergency. Full name:	
Tel Number:	
Relationship to you:	
How did you hear about The International English School?	

Please send this form back to us completed with your details. We will then provide you with the invoice with payment details as well as further information.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Place**  
4 Twin Oaks Centre  
142 - 146 Main Road  
Somerset West 7130  
South Africa

**Post**  
TIES  
PO Box 3945  
Somerset West 7129  
South Africa

**Contact**  
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**Director**  
Tania Copeland

**Company Reg. No**  
2001/0047423/23