IFCELS Department

Teaching English for Academic Purposes (TEAP)

Summer Intensive Course: 10-21 August, 2020

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**Application Form**

**PERSONAL DETAILS**

Surname: ………..................................... First Name(s): ...........................................……

Title (Ms/Mr): ……………. Date of Birth: ........................ Nationality: .................................

Address for correspondence:

 ................................................................................................................................................

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Daytime Tel No: ........................................…….. E-mail: ......................................

**WORK DETAILS**

Organisation: ……………………...........................................................................................…

Address: …………………………………...........................................................................…….

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Telephone: ……………………………………………

Position held: …………………………………………

Main responsibilities: …………………………………………………………………………..........

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***Please tell us how you found out about this course:***

website/searching online □ e-mail received □ personal recommendation□

flyer/poster □ other (please specify): …………………………………………………………

□ Tick here to be sent details on student accommodation in Central London

**WORK EXPERIENCE** *(please include any previous ELT and EAP teaching)*

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| --- | --- | --- |
| **Dates** | **Company/Organisation** | **Job/Duties** |
| From………….to………….From………….to………….From………….to………….From………….to………….From………….to…………. | …………………………………….…………………………………….…………………………………….…………………………………….…………………………………….  | …………………………………………………………………………………………………………………………………………………………………………… |

# Academic Qualifications

General: …………………………………………………………………………………………………

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Pedagogic: ………………………………………………………………………………………………

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**Relevant Training Attended**

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**REASONS FOR APPLYING**

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**DATA PROTECTION ACT 2018**

*I agree to SOAS processing personal data contained on this form, or other data which SOAS may obtain from me or other people or organizations while I am applying for admission. If my application is successful I understand that SOAS will process the data I provide for any purpose connected with my studies, or my health and safety while on SOAS premises or for any legitimate purpose outlined in the SOAS Student Privacy Notice, available at:* [*https://www.soas.ac.uk/infocomp/dpa/student/*](https://www.soas.ac.uk/infocomp/dpa/student/)*.*

The data collected about you will be processed by SOAS staff only and will not be disclosed to third parties except for the purposes of reference writing. Your data only be held for as long as necessary to uphold your rights. If your application is unsuccessful, your data will be held for 12 months. If you enroll as a student, your data will be held for six years after you leave SOAS.

If you want to submit a request for your own information under data protection law, please contact the Information Compliance Manager at dataprotection@soas.ac.uk or call +44(0)20 7898 4817. A full list of your rights under data protection law can be found in SOAS’s Data Protection Policy Statement, available at: <https://www.soas.ac.uk/infocomp/dpa/policy/>.

**I certify that the statements made by me on this form are complete and correct.**

Signature: ...................................…………................. Date: ……………………………

**Please email this form and supporting documents to:**

**Tony Corballis, Head of TEAP Courses**

**E-mail:** **tc20@soas.ac.uk**