

English UK Diploma in ELT Management 2018-19 Application form

Thank you for your interest in the DELTM qualification. Please complete this form and <u>email it to Eleanor Thomas</u> by Sunday 19 August. Please contact the office after this date to check availability.

Please note: where course requirements are fulfilled places will be allocated on a first come, first served basis.

1. Personal information:

First name:		Surname:	
Job title:			
Institution:			
Work address:		Home address:	
Tel:		Tel:	
Email:		Email:	
state your leve CEFR and gire	not your mother tongue please yel of English in terms of the ye details of any relevant alifications that you hold		



2. Application information		
Reasons for wishing to attend the course (please give specific areas of interest / improvement)		
Details of any relevant management and supervisory experience (250 words maximum):		

Please give details of any relevant qualifications that you hold including undergraduate or post-graduate degrees and specialist ELT qualifications:

Title of qualification	Institution	Date obtained	Grade

Please give details of your current and two previous positions of employment



Current organisation	
Current role / position	
Current line manager	
Current line manager's email	
Previous organisation	
Previous organisation Previous role / position	



3. Senior management declaration

o. Comor mai	lagorriorit acciaration		
If applicable, p below:	lease ensure that a member of the	e senior mana	agement of that organisation signs
guidelines,			(candidate's name) will mation, marketing plans, operations complete the English UK DELTM
information			r completion. All assignments and een by English UK staff, course tutors
Name:	me: Organisation:		
Signed:	Signed: Contact phone number:		
Please list any	special requirements (e.g. diet, m	nobility,)	
			your suitability for the DELTM course. elow:
First name:		Surname:	
Job title:			
Address:			
Tel:			
Email:			



5. Fees

☐ English UK Member Rate (£2,250)			
□ Non-Member Rate (£3,000)			
There are two payment options:			
a) If you would like to pay in one lump sum please tick here. \Box			
b) If you would like to settle the	e fees by instalments, please tid	ck here □	
The instalment payment dates and amounts are as follows:			
Payment Deadline	EUK Member Rate	Non-member Rate	
24 August 2018	£1,150	£1,800	
14 December 2018	£1,100	£1,200	
6. Payment options (please tick the appropriate box)			
☐ Please invoice my organisation ☐ I enclose a cheque for the <u>first instalment/full payment</u> (delete as appropriate) Please make all cheques payable to English UK Ltd.			
☐ Please debit my debit/credit card			
□ VISA □ MasterCard □ Eurocard □ SWITCH □ SOLO			
Card No:			
Security No:E	xpiry date: Issue N	No. (SWITCH only):	
Card holder's name:	Signatu	re·	



Terms and Conditions

<u>Fees</u>

- i. The course fee covers the provision of the course, all modules and light refreshments for one participant. Lunch will be provided at the venue.
- ii. Only the declared participant will be able to attend the course and substitutes are not permitted for any of the sessions.
- iii. ENGLISH UK reserves the right to refuse entry onto the course.

Refund Policy

- iv. ENGLISH UK will refund fees in full in the unlikely event of the course not going ahead.
- v. English UK will refund in full, minus an administration fee, should the participant cancel within 14 days of booking. In the case of booking within 14 days of the course start, you are entitled to a refund minus administration fees up until the start date, after which, no refund will be given.

Important Note

vi. By signing this form the applicant confirms that they have read copy of the introductory information (available on the <u>training page</u> of the English UK website – see footer for address). The applicant also declares to the best of their knowledge that the information included in support of this application is accurate and correct.

I have read and understood the terms and conditions. All information submitted is correct and any falsifications may lead to my participation in the course being cancelled with no refund.

Please print name (participant)	_
Signed (participant)	
Date	_
Please print name (sponsor, if applicable)	
Signed (sponsor, if applicable)	
Date	_
We require the above information for your application to be approved, we will ke for one year from date of the qualification ending and a record of registration is kuntil you request otherwise. Your financial information will only be shared with the Only your name and organisation will be shared with relevant English UK staff, etrainers. Please tick this box below to confirm that you accept these terms	kept on our database ne finance team.

Please return the completed registration form by post/ email to:

Post: Eleanor Thomas, English UK, 219 St John Street, London, EC1V 4LY

Email: <u>eleanor.thomas@englishuk.com</u>