

English UK Diploma in ELT Management 2017-18

Application form

Thank you for your interest in the DELTM qualification. Please complete this form and [email it to Beth Okona-Mensah](#) by Friday 18 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:	
<p>If English is not your mother tongue please state your level of English in terms of the CEFR and give details of any relevant language qualifications that you hold</p>			

2. Application information

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

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 role / position	
Previous organisation	
Previous role / position	

3. Senior management declaration

If applicable, please ensure that a member of the senior management of that organisation signs below:

_____ (candidate's name) will be allowed access to management systems (financial information, marketing plans, operations guidelines, etc.) in order for the above named candidate to complete the English UK DELTM assignments successfully.

No DELTM assignment will require personal information for completion. All assignments and information are treated with strictest confidence and only seen by English UK staff, course tutors and (if selected) the course moderator.

Name: _____ Organisation: _____

Signed: _____ Contact phone number: _____

Please list any special requirements (e.g. diet, mobility,)

4. Referee details

English UK may wish to contact a referee to further ascertain your suitability for the DELTM course. Please provide the contact details of an appropriate referee below:

First name:		Surname:	
Job title:			
Address:			
Tel:			
Email:			

5. Fees

English UK Member Rate (£2,200)

Non-Member Rate (£2,800)

There are two payment options:

a) *If you would like to pay in one lump sum please tick here.*

b) *If you would like to settle the fees by instalments, please tick here*

The instalment payment dates and amounts are as follows:

Payment Deadline	EUK Member Rate	Non-member Rate
25 August 2017	£1,100	£1,800
15 December 2017	£1,100	£1,000

6. Payment options (please tick the appropriate box)

Please **invoice** my organisation

I enclose a **cheque** for the first instalment/full payment (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: _____ Expiry date: _____ Issue No. (SWITCH only): _____

Card holder's name: _____ Signature: _____

Terms and Conditions

Fees

- 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 only refund fees in exceptional circumstances and only if a replacement candidate is enrolled.

Important Note

- vi. By signing this form the applicant confirms that s/he has read copy of the introductory information (available on the [training page](#) of the English UK website – see footer for address). The applicant also declares to the best of his/her 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 _____

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

Post: Training Manager, English UK, 219 St John Street, London, EC1V 4LY

Email: training@englishuk.com