



Application form for IHCP T Course

Please, complete this application form carefully in Czech or English and return it by post, fax or scanned by e-mail to:

AKCENT International House Prague
Bítovská 3
140 00 Prague 4
Czech Republic

fax: +420 261 261 880
e-mail: marketa.zuskova@akcent.cz

Personal details

First name(s):	<input type="text"/>	Surname:	<input type="text"/>
Date of birth:	<input type="text"/>	Place of birth:	<input type="text"/>
Present occupation:	<input type="text"/>		
Present address:	<input type="text"/>		
Permanent address (if different):	<input type="text"/>		
Phone:	<input type="text"/>	E-mail:	<input type="text"/>

Other Information

Languages

What is your English level? How long have you been learning English? What exams have you taken?

Which languages, including English, do you speak/read/write? Please mention your level of proficiency.

ELT Experience

Please complete the table below with details.

Year (e.g. 1993–95)	Ages/Type of classes taught	Main books used (e.g. Project English...)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Note

I agree to the retrieval and use of information and my personal data stored in the internal database of AKCENT IH Prague according to the Law about personal data protection n. 101/2000 Col., about personal data protection as later amended.

Date	Signature
<input type="text"/>	<input type="text"/>

PRINT THIS FORM