



TEFL APPLICATION FORM

Four Directions English Centre

Phone: 604-615-0992
 Fax: 604-820-1530
 info@fourdirectionsenglish.com
 www.fourdirectionsenglish.com

PERSONAL DATA (PRINT CLEARLY)

1. SURNAME (LEGAL)		
2. GIVEN NAMES (IN FULL AS ON BIRTH CERTIFICATE)		
3. MAILING ADDRESS		
4. CITY /TOWN		
5. PROVINCE	6. POSTAL CODE	7. COUNTRY
8. HOME TELEPHONE ()	9. MESSAGE TELEPHONE ()	
10. EMAIL ADDRESS		

11. BIRTHDATE Month Day Year	12. GENDER M <input type="checkbox"/> F <input type="checkbox"/>	13. Social Insurance #
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14. VISA STATUS (Non-Canadian) IF RESIDING IN CANADA					
<input type="checkbox"/> Student	<input type="checkbox"/> Permanent Resident (Landed Immigrant)	<input type="checkbox"/> Visitor	<input type="checkbox"/> Work Permit	<input type="checkbox"/> Diplomat	<input type="checkbox"/> Other
Visa Expiry Date: _____					

15. VOLUNTARY DISCLOSURE	
These questions are optional but may affect eligibility for courses and programs.	
Do you have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you of First Nations Descent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Courses					
	COURSE TITLE	SESSIONS	START DATE	TIME	FEE
	TEFL (includes text)	Various	Every Monday	Various	500.00
	TEFL Practicum Fee	16 hours	Various	Various	200.00
					Total Fees

Canadian Funds

I hereby certify that the information on this registration is true and correct. Completion of this signed form permits Four Directions English Centre to request and/or confirm any information necessary to support my registration. Falsification of any documents or information submitted will result in the immediate cancellation of admission or registration at Four Directions English Centre and this information will be shared with other institutions. In signing this application, I understand that the information collected on this form is collected under the authority of Four Directions English Centre policy manual. The information will be used for the purposes of registration, resource development, and other purposes consistent with the mandate of Four Directions English Centre.

Signature _____ Date _____

REGISTRATION PAYMENT _____ Payment is deposited upon receipt

STUDENT NAME: _____

TOTAL FEES _____

STUDENT SIGNATURE: _____

PARENT SIGNATURE: _____
 (If applicant is under the age of 18 years)