



Application for Admission to The TESOL Certificate Programme

57 Aokautere Drive
Private Bag 11021
Palmerston North
New Zealand

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www.ipu.ac.nz

Please send this completed form to the Assistant Director, Institute of TESOL at the address on the left.

For trainees from countries where English is not the first language of communication - please send a certified copy of your academic records (transcripts) together with a certified English translation of those records.

A fee of \$50.00 must accompany the completed application form. This fee will be refunded if the application is declined.

Please print in pen. If you need assistance or further information, please telephone us on:

0800 367 472

or visit our website at:

www.ipu.ac.nz

Section 1: Personal Details

Title

Mr Mrs Miss Ms Other >If "other" please enter details:

Legal Family name

Legal First name(s)

Preferred name(s)

Date of Birth

Gender

DAY

MONTH

YEAR

MALE

FEMALE

Residential address: (Street, Town, City)

Postal address: (If different from residential address)

Home telephone number

Work telephone number

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AREA CODE

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AREA CODE

Cellphone number

Email address

Next of kin/emergency contact name:

Next of kin/emergency contact telephone number:

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AREA CODE

Next of kin/emergency contact address:

Section 2: Any previous University / Tertiary Education

To be completed by trainees who have studied at tertiary level, (eg university, teacher training college, polytechnic)

Name of Institute

Qualification gained

Date



Section 3: Any previous ESOL teaching experience

Name of Institute	Qualification gained	Date

Section 4: Languages with which you are conversant other than English

(please indicate your approximate proficiency level - beginner, intermediate, fluent)

Section 5: English Language Proficiency (for trainees for whom English is not the first language)

Please specify any International English Language Examinations you have taken (such as: TOEIC, TOEFL, IELTS)

<input type="checkbox"/> None		
<input type="checkbox"/> TOEIC	Score <input type="text"/>	Date Taken <input type="text"/>
<input type="checkbox"/> TOEFL	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> IELTS	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other	Please specify <input type="text"/>	
	Score <input type="text"/>	Date Taken <input type="text"/>

Please attach official evidence of the examination result.

Section 6: Course Dates

Please indicate your preferred date(s) for the on-campus course (see course information for dates)

1st choice: 2nd choice:

Section 7: Declaration

I declare that to the best of my knowledge the information supplied above is correct and complete. I also declare that I do not suffer any health condition which might affect my course of study, and that I do not have a criminal record.

Signature Date

FOR OFFICE USE ONLY

Approved by:	<input type="text"/>	<input type="text"/>
TESOL Director's Signature:	<input type="text"/>	<input type="text"/>
CEO's Signature:	<input type="text"/>	<input type="text"/>