

CONCORD COLLEGE

SUMMER COURSE - TUTOR APPLICATION FORM

SURNAME .....

FORENAMES .....

DATE OF BIRTH .....

MARITAL STATUS .....

HOME ADDRESS .....

.....

.....Postcode .....

TELEPHONE NUMBER .....

E MAIL ADDRESS .....

ADDRESS BETWEEN NOW AND JULY (IF DIFFERENT FROM ABOVE)

.....

.....

TELEPHONE NUMBER .....

**EDUCATION**

SCHOOL .....

ATTENDED FROM ..... TO .....

- A LEVELS TAKEN (WITH GRADES)
- 1. .... 2. ....
  - 3. .... 4. ....
  - 5. ....

UNIVERSITY/COLLEGE .....

ATTENDED FROM ..... TO .....

DEGREE SUBJECT ..... CLASS .....

POSTGRADUATE QUALIFICATIONS/EFL QUALIFICATIONS (INCLUDING AWARDING BODY)

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**TEACHING EXPERIENCE** .....

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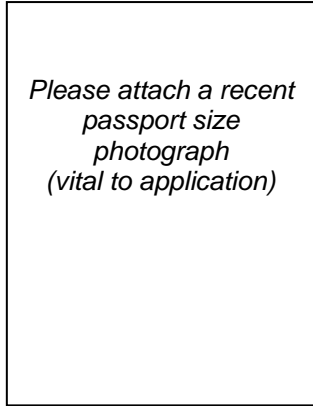
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**OTHER RELEVANT EXPERIENCE** (Please describe any positions in which you have had residential/leadership experience with children and young people, e.g. playgroups, scouts, guides)

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**PRESENT POST AND RESPONSIBILITIES**

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.....

**ACTIVE INTERESTS** (Please state 3 specific areas where you feel you could make an active contribution to Concord College's extra-curricular programme)

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Please indicate whether you would be willing to team teach one or more of the following subjects in the College's afternoon options programme, for which teaching material is available.

- POP MUSIC  FOOTBALL  HEALTH RELATED FITNESS  ART
- DANCE  DRAMA  PHOTOGRAPHY  MUSIC
- ADVERTISING  COOKERY  INTERNET ENGLISH  FASHION
- SPORT

DO YOU HOLD A CURRENT DRIVING LICENCE? YES  NO  SINCE WHEN? .....

PLEASE INDICATE WHICH COURSE/COURSES YOU ARE APPLYING FOR: JULY  AUGUST

**REFEREES** (Professional and relevant to this post) PLEASE PRINT CLEARLY

1. Name .....

Address .....

.....Postcode .....

E mail address .....

Telephone Number .....

Relationship to you .....

2. Name .....

Address .....

.....Postcode .....

E mail address .....

Telephone Number .....

Relationship to you .....

Please complete and return this form to: JOHN LEIGHTON, DIRECTOR OF SUMMER COURSES  
 CONCORD COLLEGE  
 ACTON BURNELL HALL  
 SHREWSBURY, SHROPSHIRE  
 SY5 7PF

FAX: 00 44 (0)1694 731219