



**APPLICATION FORM – E-TEACHER PROGRAM (2013-14)**

**INSTRUCTIONS:**

Please return the completed form to [KhannaS@state.gov](mailto:KhannaS@state.gov) with a copy to [RaswantV@state.gov](mailto:RaswantV@state.gov). If you have any questions, please contact at 011-2347-2401.

**E-TEACHER COURSE YOU WOULD LIKE TO TAKE (CHOOSE THREE OPTIONS AND RANK ORDER YOUR PREFERENCE)**

- Assessment: Summative and Formative Practices in Language Learning and Teaching.
- Building Teaching Skills through the Interactive Web (Web Skills)
- Introduction to Pedagogy and Practices for Teaching English to Speakers of Other Languages (TESOL Methods)
- Practical Applications in Language and Learning Skills (PALSS)
- English for Specific Purposes, Aligning Context with Practices and Materials (ESP)
- Special Education and Differentiated Instruction in EFL Contexts (SpEd EFL)
- Teaching English to Pre-teens and Teens (TEPT)
- Teaching English to Young Learners (TEYL)
- Critical Thinking in Language Learning and Teaching (CT)

**DEADLINE:**

**1. PERSONAL DATA**

**FULL NAME** \_\_\_\_\_

**NATIONALITY** \_\_\_\_\_

**DATE OF BIRTH (MONTH/DAY/YEAR)** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**CITY OF BIRTH** \_\_\_\_\_

**2. CONTACT INFORMATION (PLEASE WRITE CLEARLY)**

POSTAL ADDRESS WITH ZIP CODE \_\_\_\_\_

\_\_\_\_\_

OFFICE PHONE NUMBER: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ALTERNATE EMAIL ADDRESS: \_\_\_\_\_

**3. TEACHING EXPERIENCE (PLEASE SPECIFY NAME OF INSTITUTION AND STARTING DATE)**

**3.A WHERE DO YOU TEACH NOW?**

NAME OF INSTITUTION: \_\_\_\_\_

DATE YOU STARTED TEACHING THERE: \_\_\_\_\_

SUBJECTS YOU CURRENTLY TEACH: \_\_\_\_\_

LEVEL YOU TEACH (CIRCLE ANSWER): ELEMENTARY SECONDARY COLLEGE OTHER

ADDITIONAL RESPONSIBILITIES IN ADDITION TO TEACHING: \_\_\_\_\_

\_\_\_\_\_

**3.B. LIST THE INSTITUTIONS WHERE YOU HAVE TAUGHT BEFORE AND THE DATES YOU TAUGHT THERE.**

DATES (FROM / TO)	NAME OF INSTITUTION	SUBJECTS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. EDUCATIONAL BACKGROUND (INCLUDE DATES, DEGREE, ACADEMIC INSTITUTION, AND AREA OF SPECIALIZATION)

Dates (from/to)	Degree/area of specialization	Academic institution and address

5. PUBLICATIONS OR ACADEMIC PRESENTATIONS (PROVIDE THE THREE MOST RECENT ONES):

- 1-
- 2-
- 3-

6. MEMBERSHIPS:

- 1-
- 2-

7. Have you ever received a scholarship for any online program offered by RELO? If yes, please specify the course and the year you completed it.

9. STATEMENT OF PURPOSE:

Please state why you are interested in receiving a scholarship to participate in the E-Teacher program. Indicate specifically (a) what impact your participation in this course would have on your institution/region, and (b) how you expect to put to good use, in the short or medium term, the knowledge acquired in this course. **(500 words maximum – any text longer than 500 words will not be read).**