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| **Application Form**  **2020**  **SHADOWS PROFESSIONAL**  **DEVELOPMENT LTD Bournemouth** | Erasmus+  EP11 - School Management  Structured Training |

# 

**Course Programme EP11.5 5 Course Days School Management**

**Course Programme Ep11.10 5 Course Days English + 5 Course Days School Management**

**Please return to** [**training@shadows.org.uk**](mailto:training@shadows.org.uk)

**Please attach your photo**

**PERSONAL DETAILS**

Last Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport **or** ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOUR LANGUAGE LEVEL Now :** Written: A1 A2 B1 B2 C1 C2 Oral: A1 A2 B1 B2 C1 C2 **At Course commencement (if different)** Written: A1 A2 B1 B2 C1 C2 Oral: A1 A2 B1 B2 C1 C2 ***A1 Elementary A2 Pre-intermediate B1 Intermediate B2 Upper Intermediate C1 Pre-Advanced C2 Advanced***

**MY SCHOOL** is a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(type of school). S*tudents are aged \_\_\_ years to \_\_\_ years

The COURSE **SCHOOL** **VISIT** will be to a

|  |  |  |
| --- | --- | --- |
| **Primary School**  (5-11 years) …… | OR | **Secondary School**  (11-16 years) …… |

*Please note: Some* ***Bournemouth*** *Secondary Schools are single sex.*

**I am: □Head Teacher □Deputy Head □School Manager □Senior Teaching Staff Member □European Programme Coordinator □ Member of staff involved in Erasmus+ activities**

**□Other - Please specify: ………………………………………….**

**I TEACH subject(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** In my classes students are \_\_\_ years to \_\_\_ years

**□ I DO NOT TEACH**

**Please carefully complete the attached Needs Analysis Form and send with this application**

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**Please choose your Programme and your start date:**

**Programme EP11.5 5 Days School Management**

**Programme EP11.10 5 Course Days Intensive English + 5 Course Days School Management**

**O** = available start date, please **mark** if chosen

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| **Start Dates** | **School Management**  **Structured Training Courses** | | **English + Management Training (2 weeks)** |  |  |
| **2020** | **5 Course Days** |  | **10 Course Days** |  |  |
| **Mon 09 March** |  |  | **O** |  |  |
| **Mon 16 March** | **O** |  |  |  |  |
|  |  |  |  |  |  |
| **Mon 05 October** |  |  | **O** |  |  |
| **Mon 12 October** | **O** |  |  |  |  |
|  |  |  |  |  |  |
| **Course Price EP11.5** | **€850** |  | **X** |  |  |
| **Course Price EP11.10** | **X** |  | **€1,415** |  |  |

**Do you wish to book host family accommodation?**

**□ YES,** please book according to the details below. **□ NO,** I will make my own arrangements.

**ACCOMMODATION 2020:**

Sep 1,15,29

Aug 4,18

Apr 7,21

Mar 3,17

Nov 10,24

Oct 13,27

Jul 7,21

Jun 2,23

May 5,19

Jun 9

Aug 11

From: Sun ….. / ….. / …….... or Sat ….. / ….. / ……..… To: Sat .…. / ….. / …..….. No. of weeks: …..…

**Host Family Accommodation - €140per week**

Included in the price: Single room, half-board Monday to Friday, full-board Saturday & Sunday.The hosts treat the student as a full member of the household, eating together and sharing the common living areas. All bookings from Sunday to Saturday. Arrival on Saturday may be possible but the room needs to be vacated for the next guest on Saturday.

Do you accept animals? Yes **□** No **□** Will you accept children in the family? Yes **□** No **□**

Do you smoke? Yes **□** No **□** Are you a vegetarian? Yes **□** No **□** **(If this section is not completed we assume you have no preferences.)**

Special health, dietary or other requests: **(45 Euros pw special diet supplement may apply.)**

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Other special requests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please enquire about **other accommodation options** (e.g. executive homestay, self-catering) [enquiry@richardlanguage.eu](mailto:enquiry@richardlanguage.eu)

**TRANSFERS:**

**□ YES,** please send me the Airport Transfer Booking Form **□ NO,** I will make my own arrangements

**How did you hear about Shadows School Management Structured Training?**

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**Your School’s Erasmus+ Coordinator**

**Name**

**E-mail**

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**Name of your Grant (e.g. Erasmus Plus, Power)**

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**We, the undersigned**:

* Accept all the conditions of stay as described in this Application Form, on the PDF School Management Structured Training Course Description, on the Shadows Website and in any information received from Shadows
* Understand that this enrolment is subject to receipt of the Shadow’s Letter of Final Confirmation
* Agree to attend all classes on time and have a serious attitude to study.
* Confirm that permission from your institution to be absent for the course period above has been granted.
* Declare that the participant is in good health and know of no medical reason which would prohibit this In-Service Training.
* Confirm that the participant’s language level is sufficient to follow the chosen course (see Course Description) Shadows reserves the right to alter the course in the case of discrepancies affecting course participation and outcomes.
* Undertake to pay to Shadows the invoices for course and, if applicable, accommodation fees and airport transfers at least four weeks in advance of course commencement.
* Understand that cancellation more than 4 weeks before course commencement will not incur a penalty and cancellation less than 4 weeks before course commencement will incur an administration fee of Euros 100
* Understand that there is no refund of Course Fees after arrival
* Any refund of Host Family accommodation is subject to seven full days’ notice.
* Understand that there is no refund for days lost by travel delays or professional strike actions in the host school/institution.
* Undertake to buy travel insurance for the participant, to include cancellation & medical repatriation.

Signature: ……………………………………………………………. (Participant)

Date: …………………………………..

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**Authorisation by Head Teacher or other person signing on behalf of your school:**

Full Name: …………………………………………………………………………………

Position: ……………………………………………….

Date: …………………………………..

Signature:

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