



51, The Fairways, Woodbrook Glen, Bray, Co. Wicklow - IRELAND.

Mobile: 086 0605 472 - **Tel:** (01) 230 4111 - **Email:** info@livingenglish.ie – **Web:** www.livingenglish.ie

APPLICATION FORM – LANGUAGE ASSISTANT CULTURAL/LINGUISTIC EXCHANGE PROGRAMME

PERSONAL INFORMATION

SURNAME(S):		FIRST NAME:	
POSTAL ADDRESS:			
			SMOKING / NON SMOKING
LANDLINE:	MOBILE:	EMAIL:	
OCCUPATION:	FATHER:	MOTHER:	
CHILDREN:	NUMBER OF BOYS: AGES:	NUMBER OF GIRLS: AGES:	
ANIMALS:	WIRELESS BROADBAND:		

EDUCATION

WHICH LANGUAGE WOULD YOU LIKE TO IMPROVE:	FRENCH	SPANISH	GERMAN	
FOREIGN LANGUAGE LEVEL AT PRESENT:	VERY GOOD	INTERMEDIATE	GOOD	BEGINNER

WHO WOULD THE LANGUAGE ASSISTANT MAINLY CONVERSE WITH:			
DO YOU HAVE CHILDREN STUDYING FOR EXAMS:	YES	NO	PLEASE SPECIFY:

LANGUAGE ASSISTANTS ARE UNIVERSITY STUDENTS OR GRADUATES WHO ARE NATIVE SPEAKERS OF EITHER FRENCH, SPANISH OR GERMAN AND HAVE PREVIOUS EXPERIENCE IN TEACHING.

THIS IS A CULTURAL/LINGUISTIC EXCHANGE PROGRAMME. WE ASK OUR FAMILIES TO PROVIDE A SINGLE BEDROOM IN THE FAMILY HOME ON A FULL-BOARD BASIS IN EXCHANGE FOR 10+5 HOURS OF FOREIGN LANGUAGE TUITION. ALL FAMILIES ARE VISITED PRIOR TO PLACEMENT. NO PLACEMENT FEE AND NO SALARY PAID.

WHAT ARE YOUR EXPECTATIONS OF A LANGUAGE ASSISTANT:

PREFERRED DURATION:	4 WEEKS	8 WEEKS	OTHER	TIME OF YEAR
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PLEASE CONFIRM YOUR ACCEPTANCE BY SIGNING HERE:	TODAY'S DATE:
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