



PESTALOZZI PROGRAMME

The Council of Europe training programme
for education professionals

APPLICATION FORM

Pestalozzi Programme Summer School

In cooperation with the Academy of Bad Wildbad, Germany

This form must be completed electronically in English, signed by you and then by your superior, and sent to your National Liaison Officer

Number: CoE 2013 – 2013 0630-0707 Bad Wildbad

Title: Understanding diversity

Location: Bad Wildbad, Germany

Working language: English/German/French

Dates: from 30 June 2013 to 7 July 2013

Ms Mr

Surname:

First Name:

Date of Birth:

Country:

Home address

Tel:

Mobile:

E-mail:

Employer's Name & Address:

Tel:

Fax:

E-mail:

I. PROFESSIONAL ACTIVITIES

Academic and professional qualifications:

Current functions:

Teacher

Head teacher

Inspector

Teacher trainer

Administrator

Educational adviser

Textbook author

Other

Describe your main activities in this function:

Age range of pupils: from - to

Type of school:

II. WORKING LANGUAGES

I certify that my level of knowledge of the working language(s) is :

	A1	A2	B1	B2	C1	C2
English						
French						
German						
Other language 1						
Other language 2						

Other language 1 is:

Other language 2 is:

III. IN-SERVICE TRAINING

In my country, during the last 5 years, I have participated in (x) in-service training courses(s)
(Please start with the number of courses and give brief details of the main ones)

Within the framework of the Pestalozzi Programme, I have participated in the following training activities (Dates, title and country)

IV. REASONS FOR APPLYING

Please answer the following questions:

- 1) What are your expectations?
- 2) How can you contribute?
- 3) How do you intend to share your experience after the event?

V. VALIDATION & SIGNATURE

Where did you see this Summer School advertised? :

I certify I have read and accepted the "Rules" available at the following address <http://www.coe.int/Pestalozzi> and hereby undertake to attend the whole Summer School

Date:

Signature:

EMPLOYER:

Name, Stamp & signature

NATIONAL LIAISON OFFICER:

Name, Stamp & signature

Before clicking on submit, please save a copy of this document on your computer.

If you have a "JavaScript" message, please choose "Enable JavaScript for this document..."