

English for Speakers of Other Languages

For Cambridge ESOL Office use only

UCLES ID

Input to Database by (initial and date)

SPEAKING EXAMINER APPLICATION FORM

Please submit completed application forms to: <u>noel@cambridgemb.com</u>

IMPORTANT:

All potential candidates must meet the following minimum requirements:

- 1. Education to first degree level or equivalent *and/or* a recognized language teaching qualification such as CELTA, TEFL, etc.
- 2. At least 3 years adding up to approx 1,800 hours relevant and recent teaching experience.

The information on this form will be kept securely by Cambridge ESOL and used only for the purpose of oral examiner arrangements.

Centre Name	MBE English	Centre Number	ES211
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2: PERSONAL DETAILS

To be completed by the applicant

Title	First name(s)					Surname		
Date of	birth		Gender		Nationality	First Language	Former Surname (if applicable)	
Day	Month	Year	Male	Female				
Current	t Postal a	address						
Post / A	Area Cod	e				Country		
Home T	Felephon	e				Work Telephone		
e-mail								
Fax						Mobile		

4: HIGHER EDUCATION AND QUALIFICATIONS

To be completed by the nominee or by the CEM on behalf of the nominee

Degrees / Certificates achieved	(include subject)	Dates attended	Education	on Institute (Name /	Location)
UCLES/RSA	UCLES			Other TESOL	
CTEFLA / COTE / CELTA		A / DOTE / DELTA		(please specify)	

5: ENGLISH LANGUAGE PROFICIENCY

This must be completed if English is not the nominee's first language

Highest qualification achieved (and grade)	Date award	led	Awarding body		
Was the Cambridge ESOL English Language Proficiency Interview conducted?	Yes	No	If so, which band was achieved?		

6: PRESENT AND PREVIOUS EMPLOYMENT

To be completed by the applicant. Relevant teaching experience should be written first.

To be completed by the applicant. Relevant teaching experience should be written first. Date (From /To) Employer (Name / Location) Duties (include details of ages, levels and nationalities taught)						
TOTAL NUMBE	R OF YEARS TEACHING EXPERIENCE					

7: OTHER EXAMINING EXPERIENCE

To be completed by the applicant

Date (From /To)	Subject / Scheme			Examining / Validating Body		
Do you current EFL / ESOL exa	ly work for another amining board?	Yes	No	If so, please state which		

8: AVAILABILITY & ADDITIONAL INFORMATION

To be completed by the applicant.

IMPORTANT:

- Please add <u>when</u> you will be available to do exams e.g. weekends, weekdays, please note hours, days, etc.

- Please add any further information relevant to this position, with associated dates.
- Please note below if you have a valid driver's licence and access to a car.