**APPLICATION FORM (TEACHER TRAINING COURSE)**

**COURSE NAME: What Lies Behind Estonia’s Excellent PISA Results?**

**DESIRED DATES:**

**SENDING SCHOOL INFORMATION:**

1. Name of your school or institution.
2. Country of the school / institution.
3. Billing address: full address of school/institution (street, number, postal code, city).

It should be the teacher or staff member who on behalf of all participants of the school - takes care of correspondence with Multilingua about administration issues: billing, change of names of participants, adding or cancelling participants. This person is responsible for delivering all information to all participants of his/her school. Shortly before a course Multilingua will also send information directly to the participants. IMPORTANT: only the contact person will receive confirmation of the registration.

1. Phone number of the school. Please mention also your country code.
2. Name of contact person of the school.
3. E-mail address of contact person of the school.
4. Phone number of the contact person. Please mention also your country code.
5. Name of participant(s) in the course/ courses. If you don't know the names yet, you can fill in teacher 1, teacher 2 etc. You can send the names later by mail. We will need the names of the teachers for the list of participants, for names on bills and for certificates.  IMPORTANT: fill in names as they should be written on the certificate.

**PARTICIPANT’S INFORMATION:**

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| --- | --- |
| First name : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Date of Birth: \_ \_ / \_ \_ / \_ \_ \_ \_ | Last name : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Gender: ☐ Female ☐ Male |
| Address: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Postal Code: \_ \_ \_ \_ \_ \_  City: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Country: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Nationality: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Position: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Interests: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Phone: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Email:  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Emergency Contact Name:  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Emergency Phone:  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
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**RECEIVING SCHOOL INFORMATION:**

Mulitilingua Language Center

Roosikrantsi 11

10141 Tallinn

Estonia

PIC: 942068172

OIDE10019216

**CONTACT PERSON AT THE RECEIVING SCHOOL:**

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**MAAILM OOTAB SIND, RÄÄGI TEMAGA**