



Canadian Foundation Center for International Education

ESL TEACHER REGISTRATION FORM

(PLEASE PRINT)

1. PERSONAL DETAILS

Name (as appear on the passport)

Last	First	Middle
Date of Birth: (dd-mm-yy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Place (City, Country):
Social Insurance # (Canadians only) :	Passport # (if available):	Passport expiration (dd-mm-yy):
Country of Citizenship:	Driver License # :	Foreign Languages Spoken:
	Native English Speaker: <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. CONTACT DETAILS

Current Address:

Permanent Address (if different from above):

Current Phone #: (include country & area codes)	Phone # at Permanent Address (include country & area codes)
Day:	Fax # at Permanent Address: (if available)
Night:	Email Address:
Fax:	Mobile #:

In case of emergency, please contact :

Name:	Relationships:	Business phone#
Address:		Home phone#
Email:		Fax#
Name: (alternative contact)	Relationships:	Business phone#
Address:		Home phone#
Email:		Fax#

3. QUALIFICATION		
Highest Education achieved:	Teaching Experience:	Total (in months/years/semesters)
TESOL Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	♦ ESL teaching experience	
Teaching Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	♦ Non-esl teaching experience	
Other credentials obtained:	♦ Teaching in China Subject:	
4. PROFESSIONAL / ACADEMIC REFERENCE CONTACTS		
Name:	Position/Title:	Institution / Company Name:
Address:		Phone# (include country & area codes)
Email:		Fax#
Name:	Position/Title:	Institution / Company Name:
Address:		Phone# (include country & area codes)
Email:		Fax#
5. OTHERS		
Date Available to Travel: (dd-mm-yy)	Length intended to stay in China:	Applying for academic term starting (month/year):
I plan to travel to China: <input type="checkbox"/> Alone <input type="checkbox"/> With dependents	Dependent(s) who will accompany:	
a. Do you have any objections to blood transfusion, should it become necessary?		<input type="checkbox"/> Y <input type="checkbox"/> N
b. Do you have a living will?		<input type="checkbox"/> Y <input type="checkbox"/> N
c. Are you an organ donor?		<input type="checkbox"/> Y <input type="checkbox"/> N
d. Is your contact aware of your wishes in regard to question a, b, and c?		<input type="checkbox"/> Y <input type="checkbox"/> N
e. Are there any specific requests you have in regard to emergency situations, should they occur in China?		
How did you hear about CFCIE's education program in China?		

Date: _____

Signature of Applicant: _____

~~~ Thank you for your interests in teaching English in China with CFCIE ~~~