

**EMTP ENROLMENT FORM****1 Personal Details**

Title Mr ☐ Ms ☐ Miss ☐ Mrs ☐ Dr ☐ Other

Family name

Given name

Date of birth / / Gender Male ☐ Female ☐

Place of birth Nationality

Address

Email Telephone

Program Details

Program

Start Date / /

End Date / /

2 Learner Profile

Qualifications University Major

How many years have you been teaching? What subjects do you teach?

Teaching Position Lower Elementary ☐ Upper Elementary ☐ Junior High School ☐ Senior High School ☐ Other

Age of students English language level of students

Please describe a class you teach and your students

Please describe your professional interests

What do you know about the EMTP program (eg. aims, content, assessment, other participants) and how do you think it will help you professionally?

Which is more important to you? Improving your English language skills ☐ Studying Methodology ☐**Please circle each of the following based on their importance to you (1=not important 4=very important):**

Improving my Vocabulary skills	<u>1</u> <u>2</u> <u>3</u> <u>4</u>	Methodology for teaching Vocabulary	<u>1</u> <u>2</u> <u>3</u> <u>4</u>
Improving my Grammar skills	<u>1</u> <u>2</u> <u>3</u> <u>4</u>	Methodology for teaching Grammar	<u>1</u> <u>2</u> <u>3</u> <u>4</u>
Improving my Speaking/Pronunciation skills	<u>1</u> <u>2</u> <u>3</u> <u>4</u>	Methodology for teaching Speaking/Pronunciation	<u>1</u> <u>2</u> <u>3</u> <u>4</u>
Improving my Listening skills	<u>1</u> <u>2</u> <u>3</u> <u>4</u>	Methodology for teaching Listening	<u>1</u> <u>2</u> <u>3</u> <u>4</u>
Improving my Reading skills	<u>1</u> <u>2</u> <u>3</u> <u>4</u>	Methodology for teaching Reading	<u>1</u> <u>2</u> <u>3</u> <u>4</u>
Improving my Writing Skills	<u>1</u> <u>2</u> <u>3</u> <u>4</u>	Methodology for teaching Writing	<u>1</u> <u>2</u> <u>3</u> <u>4</u>

Do you have any other work/study to do while on this program? Yes ☐ No ☐ How many hours per week will you need for this? Details **3 Homestay Profile**

Do you smoke? No ☐ Yes ☐ How many cigarettes each day?..... (if you smoke, you may still be placed in a non-smoking home)

Do you like children? No ☐ Yes ☐ Do you like pets such as dogs and cats? No ☐ Yes ☐

Do you have any special dietary needs (eg. vegetarian)? No ☐ Yes ☐ Details.....

Do you have any allergies? No ☐ Yes ☐ Details.....

Do you take any medication, have a medical condition or disability? No ☐ Yes ☐ Details.....

Religion (if any)

Please describe your family and include something special about yourself, your hobbies and interests, to help match you with a suitable host family.

4 Privacy Information

The information on this form is collected for the primary purpose of processing your EMTP Enrolment. The information you provide, as well as information about your course attendance, results, and progress, may be disclosed to your university or college, your sponsor or educational representative and relevant parties involved in the management and delivery of the program. The information contained on the form may also be provided to your appointed homestay family. You have a right to access personal information that the University holds about you, subject to any exceptions in relevant legislation. For information on how UQ manages student information, please consult the UQ Privacy Management Policy which is located at: <http://ppl.app.uq.edu.au/content/1.60.02-privacy-management>