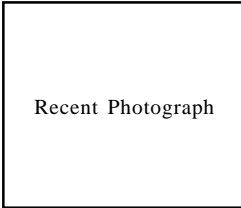


Le Châtelard
Discipline Staff Application Form
(Please type in block capitals)



Required documentation

- Discipline Staff Application Form
- Psychological test (from an authorized psychologist)
- English skills record (TOEFL score, First Certificate score, or letter from an English language institute)
- French skills record (Aliance Francaise level)

Applicant's Information

Full Name of Applicant: _____
 (First) (Middle) (Last) (Mother's Maiden Name)

Born on: ____ / ____ / ____ In: _____
 (d / m / y) City Country

Mailing Address: _____
 (Street) (Number) (District)

 (City) (State) (Zip Code) (Country)

Home telephone number (area code and number) : (____) _____

Home fax number (area code and number) : (____) _____

E- mail address: _____

Course : High School: 19 ____ — 19 ____ Pre- University Course: 19 ____ — 19 ____

Summer Course: 19 ____ Winter Course: 19 ____

Are you an Oak Alumni?: Yes No Academy: _____

Year: 19 ____ — 19 ____ Course: _____

Are there any Oak Alumni in your family?: Yes No If yes, how many?: _____

Name	Academy	Course (Annual, Spring, Summer, Winter)	Year
1.- _____	_____	_____	19 ____ — 19 ____
2.- _____	_____	_____	19 ____ — 19 ____
3.- _____	_____	_____	19 ____ — 19 ____

Driver's License : Yes No

Number	Nationality	Issued in	Expiration date
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Passport:

Number	Nationality	Issued in	Expiration date
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If more than one, list other passports you may have:

Number	Nationality	Issued in	Expiration date
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Number	Nationality	Issued in	Expiration date
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Family Information

Father's Name: _____
(First) (Middle) (Last) (Mother's Maiden Name)

Father's Address:
(If different from applicant's) _____
(Street) (Number) (District)

(City) (State) (Zip Code) (Country)

Home telephone numbers: (____) _____

Cellular telephone number: (____) _____

Home fax: (____) _____

E-mail: _____

Work: Occupation: _____ Company: _____

Office telephone numbers: (____) _____

(____) _____

Office fax: (____) _____

E-mail: _____

Mother's Name: _____
(First) (Middle) (Last) (Mother's Maiden Name)

Mother's Address:
(If different from applicant's) _____
(Street) (Number) (District)

(City) (State) (Zip Code) (Country)

Home telephone numbers: (____) _____

Cellular telephone number: (____) _____

Home fax: (____) _____

E-mail: _____

Occupation: _____ Company: _____

Office telephone numbers: (____) _____

(____) _____

Office fax: (____) _____

E-mail: _____

Name of brothers and sisters:

Name	Age	School / Work	Location
1.- _____	_____	_____	_____
2.- _____	_____	_____	_____
3.- _____	_____	_____	_____
4.- _____	_____	_____	_____

Applicant's Interests

Hobbies: _____

Sports : _____ Do you ski?: _____ Level: _____

Clubs : _____ Are you used to traveling?: _____

Pets : _____

Type of film / book preferred: _____

Do you smoke at this time : Yes No

Why did you choose Le Châtelard?:

What factor was most influential in your decision to apply?:

How did you learn about Le Châtelard?:

Are you interested in attending:

As a co-worker (no salary) Receiving a salary (preferred) Only if I will be receiving a salary

Working Experience

Name of Company	Dates employed	Position	Reason for leaving
1.- _____	_____	_____	_____
2.- _____	_____	_____	_____
3.- _____	_____	_____	_____
4.- _____	_____	_____	_____

Have you had any experience working with students 10 to 15 years old? Please explain:

Please mention courses and seminars attended:

Name	Year	Type
1.- _____	_____	_____
2.- _____	_____	_____
3.- _____	_____	_____

Do you like to work with older adolescents ?:

Do you have any experience teaching? Please explain:

Academic Information

List schools attended:

School's Name	Location	Year	Grade average
1.- _____	_____	19____ — 19____	_____
2.- _____	_____	19____ — 19____	_____
3.- _____	_____	19____ — 19____	_____
4.- _____	_____	19____ — 19____	_____

Previous journeys away from home:

Camps, holidays or schools	Type of programme	Age when attended
1.- _____	_____	_____
2.- _____	_____	_____
3.- _____	_____	_____

COMPUTER SKILLS

Word processor	<input type="checkbox"/> none	<input type="checkbox"/> medium	<input type="checkbox"/> advanced
Spreadsheet	<input type="checkbox"/> none	<input type="checkbox"/> medium	<input type="checkbox"/> advanced
Designing software	<input type="checkbox"/> none	<input type="checkbox"/> medium	<input type="checkbox"/> advanced

LANGUAGES SKILLS (Out of 10)

	ENGLISH LANGUAGE						FRENCH LANGUAGE					
Understands conversations	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5
Understands books	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5
Understands films	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5
Ability to handle a conversation	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5
Ability to write a composition	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5
Vocabulary knowledge	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5
Grammar knowledge	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5
Spelling knowledge	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5

Medical Information

Kindly list all known allergies and side effects seen or noticed: _____

Vaccines/Immunizations: _____

Any chronic illness or problems (please specify): _____

Any surgery, hospitalizations or serious injuries with dates : _____

Blood Type: _____ Do you have International Insurance: Yes No

Person(s) to contact in case of emergency

- | | |
|------------------------------|------------------------------|
| 1) Name: _____ | Work telephone: (____) _____ |
| Home telephone: (____) _____ | Fax telephone: (____) _____ |
| 2) Name _____ | Work telephone: (____) _____ |
| Home telephone: (____) _____ | Fax telephone: (____) _____ |

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