

**IB TEACHER WORKSHOPS APPLICATION FORM**

*Please complete all sections.*

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| --- | --- |
| ***Workshop*** *(subject and category )* |  |
| ***Workshop Dates*** |  |
| ***Delegate’s Family Name:*** |  |
| ***Delegate’s First Name:*** |  |
| ***Delegate’s Email***  *This is the email address to which joining instructions will be sent* |  |
| ***Name and address of school:***  *Please give School Name, City and Country* |  |
| ***Invoice address***  *Contact details for the person responsible for the payment of the course fee* |  |
| ***Email address*** *for payment of the course fee* |  |
| ***IB Teaching Experience.*** *How long have you been teaching this subject as part of the IB Diploma?* |  |
| ***IB Training Experience.*** *Have you attended any other IB DP workshops? If so which ones and when?* |  |
| ***Medical or dietary requirements.***  *Do you have any special requirements?* |  |
| ***Accommodation requirements***  *Please select one of the two options below :* | |
| ***Option 1.*** *Local hotel reserved (3 nights) on your behalf by St.Clare’s ~£110 per night. This fee is not included in the course fee and is payable in full on arrival.* |  |
| ***Option 2.*** *Own arrangements. Please note – any accommodation reserved should be in* ***North*** *Oxford- to avoid a long commute to the workshop venue* |  |