# Name: Click here to enter text.

# [ ]  Language Teacher or/and [ ]  Tester

**Address:** Click here to enter text.

**City:** Click here to enter text. **ZIP Code:** Click here to enter text.

**Telephone:** Click here to enter text.  **Email:** Click here to enter text.

# Qualifications

**(Please, check the box and fill the empty space)**

[ ]  A native speaker of the Click here to enter text. language (to be taught);

[ ]  A Bachelor’s degree (at least) Click here to enter text.(from a recognized university);

[ ]  The ILR’s Proficiency Level 4 in the language to be taught;

[ ]  Proficiency in either or both of Canada’s official languages (ILR’s level 2) Click here to enter text.;

[ ]  Number of teaching hours (experience teaching the language to be taught to adult learners) Click here to enter text.;

[ ]  Completed the new CFSL Teacher Certification Course (**for the Administration use only**).

# Education

**(Please, expand as much as needed)**

|  |  |
| --- | --- |
|  | **Year:** Click here to enter text.**Institution:** Click here to enter text. **Country:** Click here to enter text.**Degree:** Click here to enter text.(if from outside of Canada, mention if Canadian equivalency has been granted) |
|  | **Year:** Click here to enter text.**Institution:** Click here to enter text. **Country:** Click here to enter text.**Degree:** Click here to enter text.(if from outside of Canada, mention if Canadian equivalency has been granted) |

# pROFESSIONAL Experience

**(Please, expand as much as needed)**

|  |  |
| --- | --- |
|  | **From:** Click here to enter text. **To:** Click here to enter text.**Company/Institution/Organization/School:** Click here to enter text. **City:** Click here to enter text.**Country:** Click here to enter text.**Title of the position*** Tasks: Click here to enter text.
* Tasks: Click here to enter text.
* Tasks: Click here to enter text.
* Approximate No. of teaching hrs: Click here to enter text.

**From:** Click here to enter text. **To:** Click here to enter text.**Company/Institution/Organization/School:** Click here to enter text. **City:** Click here to enter text.**Country:** Click here to enter text.**Title of the position*** Tasks: Click here to enter text.
* Tasks: Click here to enter text.
* Tasks: Click here to enter text.
* Approximate No. of teaching hrs: Click here to enter text.
 |
|  |  |

# Technology

**(Please, list your skills and abilities in using, or willingness to learn technology and/or multimedia tools supplied, including as a minimum: Windows and word processing for Windows; email; Internet; You Tube; laptops; mobile devices (including tablets, smartphones and I-pods); multimedia technologies; spreadsheets and smart boards.)**

Click here to enter text.

# Security status

**(level, number, issue and exp. date)**

Click here to enter text.