



P.O. Box 900208, Far Rockaway, New York 11690 USA

Tel: +1 (646) 580-8677 Email: [info@nik-las.com](mailto:info@nik-las.com) Website: [www.nik-las.com](http://www.nik-las.com)

**TEACH ENGLISH ABROAD - APPLICATION FORM**

Desired Arrival date: \_\_\_\_\_

Desired Departure Date: \_\_\_\_\_ Program length: \_\_\_\_\_ weeks

**PERSONAL DETAILS**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name as spelled in passport: \_\_\_\_\_

Nickname: (if any) \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: (dd/mm/yyyy): \_\_\_\_\_ City of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: (country code-city code-number) \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: (mandatory) \_\_\_\_\_

Passport number : \_\_\_\_\_

**FAMILY INFORMATION**

**Mother's Name**

**Father's Name**

Last Name \_\_\_\_\_ First \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Business Phone # \_\_\_\_\_ Age \_\_\_\_\_

Business Phone # \_\_\_\_\_ Age \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

**Brother(s) and Sister(s):**

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Any living with you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FAMILY**

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**Mother** \_\_\_\_\_ **Father** \_\_\_\_\_ **Parents** \_\_\_\_\_ **I live with** \_\_\_\_\_  
 \_\_\_\_\_ **Living** \_\_\_\_\_ **Living** \_\_\_\_\_ **Married** \_\_\_\_\_ **Mother** \_\_\_\_\_ **Father** \_\_\_\_\_  
 \_\_\_\_\_ **Deceased** \_\_\_\_\_ **Deceased** \_\_\_\_\_ **Divorced** \_\_\_\_\_ **Stepmother** \_\_\_\_\_ **Stepfather** \_\_\_\_\_  
 \_\_\_\_\_ **On my own** \_\_\_\_\_

**Alternate Emergency Contact**

\_\_\_\_\_

<b>Name</b>	<b>Relationship</b>
-------------	---------------------

<b>Address</b>	<b>Phone #</b>
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**DESCRIPTION OF YOUR FAMILY AND COMMUNITY**

**Describe your community and city**

**Describe your home:**

**PERSONAL INFORMATION**

**Favorite subjects at university:**

**Organizational membership and extracurricular activities:**

**Volunteer and paid work experience:**

**Hobbies and leisure time activities:**

**Experience living away from home:**

**Travel experience:**

**Religion:** \_\_\_\_\_ **Religious service attendance:** \_\_\_\_\_

**Do you smoke?** \_\_\_\_\_ **If yes, would you be willing to stop or abstain?** \_\_\_\_\_

**Do you drink alcohol?** \_\_\_\_\_

**Do you have any allergies?** \_\_\_\_\_ **If yes, which one?** \_\_\_\_\_

**Health problems / disabilities / dietary restrictions that might affect host family placement?**

**Hobbies / interests that might affect host family placement?**

**Do you have a pet?** \_\_\_\_\_ **Do you like pets?** \_\_\_\_\_

**Are you a member of any club?** \_\_\_\_\_ **If yes, which one?** \_\_\_\_\_

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**LANGUAGE PROFICIENCY – (Choose among Excellent / Good / Fair / Poor)**

Language	Years studied	Reading	Writing	Speaking
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**SHORT ESSAYS** (Please answer all questions with complete sentences)

**Why do you want to be a Teacher Abroad?**

Describe your relationships with members of your family and friends:

**PRIOR TEACHING EXPERIENCE**

Where: \_\_\_\_\_ When: \_\_\_\_\_

Describe your experience:

**ADJUSTMENT**

Please describe your qualities and how they will help you adjust to a new environment:

**PERSONAL ESSAY**

*(Tutor's letter of introduction)*

Type or print a letter to your future host family in the space provided below. Give a detailed description of your life, professional activities and hobbies. State why you would like to go overseas on exchange. Cover the following topics and anything else you feel is important:

- how you see yourself, your personality, your interests, your values;
- your relationship with your family and friends;
- describe your responsibilities at home and outside of family;
- what weaknesses or characteristics in people you like and dislike;
- in what way, if any, do you expect that your attitudes or values may change while an exchange Tutor;
- why would a host family benefit from hosting you;
- which challenges do you anticipate.

**ATTACHMENTS:**

**1) LETTER OF RECOMMENDATION**

Please attach two letters of recommendation to this application from a teacher or ex-employee, including the following info:

Name of teacher or employee

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How long have you known the applicant?

Please describe the maturity and motivation of the applicant for this program

In your opinion, what will be the most difficult issue they will face abroad

Date

Signature

**2) PICTURES**

Please attach to this application at least three pictures that express your way of life.

**3) CURRICULUM**

Please attach to this application an updated curriculum showing your educational background and professional experience.

**3) MEDICAL STATEMENT**

Please attach to this application a scanned version of a handwriting medical statement filled by your doctor (pg. 5 and 6 of this application)

**MEDICAL STATEMENT**

Blood Group: \_\_\_\_\_ Rh Factor: \_\_\_\_\_

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

Your opinion of the state of the applicant's health:

\_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

Does the applicant now have or has he/she had any of the following? (If YES, give detailed information and dates in the space provided or in a piece of paper and attach to this Medical Statement):

YES	NO	YES	NO	YES	NO	
_____	_____	_____	_____	_____	_____	Epilepsy
_____	_____	_____	_____	_____	_____	Chicken Pox
_____	_____	_____	_____	_____	_____	Acute rheumatic fever
_____	_____	_____	_____	_____	_____	Rubella
_____	_____	_____	_____	_____	_____	Tuberculosis
_____	_____	_____	_____	_____	_____	Migraine (w/ aura, nausea and vomiting)
_____	_____	_____	_____	_____	_____	Measles
_____	_____	_____	_____	_____	_____	Parasites
_____	_____	_____	_____	_____	_____	Hepatitis (If yes, which one?) _____
_____	_____	_____	_____	_____	_____	Mumps
_____	_____	_____	_____	_____	_____	Scarlet fever
_____	_____	_____	_____	_____	_____	Insect venom sensitivity
_____	_____	_____	_____	_____	_____	Hernia
_____	_____	_____	_____	_____	_____	Articaria
_____	_____	_____	_____	_____	_____	Allergic rhinitis (hay fever)
_____	_____	_____	_____	_____	_____	Meningitis
_____	_____	_____	_____	_____	_____	Asthma
_____	_____	_____	_____	_____	_____	Contact Dermatitis
_____	_____	_____	_____	_____	_____	Diabetes
_____	_____	_____	_____	_____	_____	Appendicitis
_____	_____	_____	_____	_____	_____	Drugs sensitivity (eg penicillin...)
_____	_____	_____	_____	_____	_____	Malaria
_____	_____	_____	_____	_____	_____	Febrile seizures
_____	_____	_____	_____	_____	_____	Learning or speech defect
_____	_____	_____	_____	_____	_____	Angina
_____	_____	_____	_____	_____	_____	Enuresis
_____	_____	_____	_____	_____	_____	Vertigo, dizziness

Other (please list): \_\_\_\_\_

Do you have or have ever had any impairment to the following? If yes, please mark the appropriate space below.

YES	NO		YES	NO	
_____	_____	Heart, blood, vessels (high blood pressure...)	_____	_____	Brains, nervous system
_____	_____	Lungs, respiratory system	_____	_____	Nose, throat (tonsils...)
_____	_____	Esophagus, stomach, intestines, liver	_____	_____	Ears or hearing
_____	_____	Kidneys, genital-urinary system	_____	_____	Eyes or vision
_____	_____	Hematopoietic system, spleen	_____	_____	Skin (acne)

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_____	_____	Endocrine system	_____	_____	Emotional disorder
_____	_____	Bones, joints, locomotor system	_____	_____	Behavioral problem
_____	_____	Eating disorder (anorexia, bulimia...)	Other (please list):	_____	_____

If answer "yes" to any of the following questions, attach medical report giving information:

	YES	NO
Has the Tutor ever been hospitalized?	_____	_____
Has Tutor ever been advised to have surgery which has been done?	_____	_____
Is the Tutor presently taking any medications or injections?	_____	_____
Are there any restrictions on the Tutor's participation in Physical Education activities?	_____	_____
Has the applicant any history or present evidence of any allergy?	_____	_____
Does the applicant have any health limitations or do you know of any pertinent medical information which is important, should the applicant be considered for placement abroad?	_____	_____
Does the applicant have to wear glasses or contact lenses?	_____ YES	_____ NO

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If YES, please complete the following ophthalmic information:

	Sphere	Cylinder	Axis	Prism	Base
(OD) Ocular Dexter					
(OS) Ocular Sinister					

Add: \_\_\_\_\_ Base Curve: \_\_\_\_\_ Other: \_\_\_\_\_

If no, visions without glasses OD \_\_\_\_\_ OE \_\_\_\_\_

The applicant has had the following vaccinations and immunizations:

Vaccine	Date each dose was given must include <u>day, month and year</u>	
	1 <sup>ST</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>	
Measles ( <i>Rubeola – 10 day, red measles</i> )		<i>If no immunization, give date Tutor had measles</i>
Rubella ( <i>German measles – 3day measles</i> )		<i>If no immunization, give date Tutor had rubella</i>
Mumps		<i>If no immunization, give date Tutor had mumps</i>
DPT and/or TD <i>(diphtheria, tetanus and pertussis or whooping cough) or (tetanus and diphtheria only)</i>		
Polio (TOPV)		
PPD	Result: + - Comments:	

I, the undersigned, have given a thorough physical examination and reviewed the medical history of the applicant. I certify that all important medical information has been included, and that the above is complete and accurate.

\_\_\_\_\_  
Physician's Signature and Stamp

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Physician's title

\_\_\_\_\_  
Physician's Address

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