**INTERNATIONAL HOUSE CERTIFICATE IN VERY YOUNG LEARNERS (IH VYL)**

Please complete the form below and return it as an email attachment to teachertraining@ihmilano.it using extra pages if necessary.

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| **Name** |  |
| **Name as you want it to****appear on the final certificate** |  |
| **Email address** |  |
| **Address for sending the certificate** |  |
| **Current job title** |  |
| **IH VYL course start date** |  |
| **Previous Teacher Development courses**  |  |
| **EFL qualifications and/or teaching experience** |  |
| **Please detail any YL & VYL experience and the ages and contexts of any VYL classes you currently teach or have taught.** |  |
| **Reasons for taking this course and what you think you might gain from it** |  |
| **Are there any factors which may affect your ability to complete the course, e.g. holidays, illness, disability?** |  |

Thank you. You will hear from us within a week regarding the outcome of your application and the availability of places.

The organisers reserve the right to cancel courses. Should this be deemed necessary, every attempt will be made to notify course participants in good time.