



# PESTALOZZI PROGRAMME

The Council of Europe training programme  
for education professionals

## APPLICATION FORM

### *Pestalozzi Programme Summer School*

In cooperation with the Academy of Bad Wildbad, Germany

This form must be completed electronically in English, signed by you and then by your superior, and sent to your National Liaison Officer

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Number: CoE 2013 – 2013 0630-0707 Bad Wildbad

Title: Understanding diversity

Location: Bad Wildbad, Germany

Working language: English/German/French

Dates: from 30 June 2013 to 7 July 2013

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Ms     Mr

Surname:

First Name:

Date of Birth:

Country:

Home address

Tel:

Mobile:

E-mail:

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Employer's Name & Address:

Tel:

Fax:

E-mail:

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## **I. PROFESSIONAL ACTIVITIES**

Academic and professional qualifications:

Current functions:

- Teacher                       Head teacher                       Inspector  
 Teacher trainer                       Administrator                       Educational adviser  
 Textbook author  
 Other

Describe your main activities in this function:

Age range of pupils: from - to

Type of school:

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## **II. WORKING LANGUAGES**

I certify that my level of knowledge of the working language(s) is :

	A1	A2	B1	B2	C1	C2
English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
French	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
German	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other language 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other language 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other language 1 is:

Other language 2 is:

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## **III. IN-SERVICE TRAINING**

In my country, during the last 5 years, I have participated in (x) in-service training courses(s)  
(Please start with the number of courses and give brief details of the main ones)

Within the framework of the Pestalozzi Programme, I have participated in the following training activities (Dates, title and country)

#### **IV. REASONS FOR APPLYING**

Please answer the following questions:

- 1) What are your expectations?
- 2) How can you contribute?
- 3) How do you intend to share your experience after the event?

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#### **V. VALIDATION & SIGNATURE**

Where did you see this Summer School advertised? :

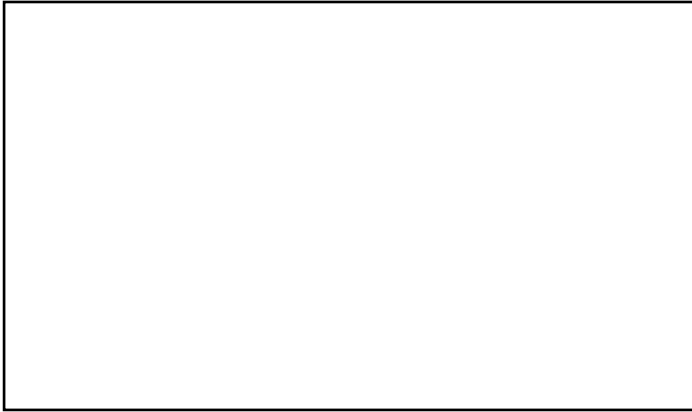
I certify I have read and accepted the "Rules" available at the following address <http://www.coe.int/Pestalozzi> and hereby undertake to attend the whole Summer School

Date:

Signature:

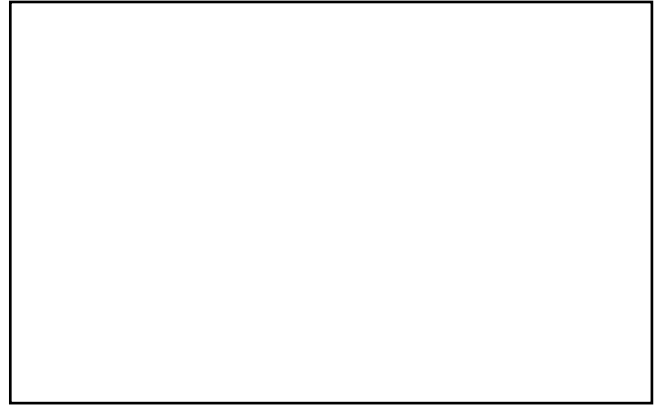
**EMPLOYER:**

Name, Stamp & signature



**NATIONAL LIAISON OFFICER:**

Name, Stamp & signature



**Before clicking on submit, please save a copy of this document on your computer.**

**If you have a "JavaScript" message, please choose "Enable JavaScript for this document..."**