

Training needs analysis for online One-to-One course - Exam preparation

LAST NAME: _____ First name: _____

Age: _____ Mother tongue: _____

Other languages you speak/write: _____

Email address: _____

Desired course starting date (dd/mm/yyyy): _____

Number of course hours (weekly/total): _____

Your available days and times: _____

Course funding:

Personal *A company *A training organization

*Name and contact details of the company or the funding organization:

Diploma or exam:

DELF A1 DELF B2 DALF C1
 DELF A2 DELF B1 DALF C2

Would you like to take one of these diplomas in Brest? Yes No

Have you ever earned any of these diplomas? If yes, specify:

Diploma: _____ Examination center: _____

Date obtained (dd/mm/yyyy): _____

Candidate number: _____

Other diploma or exam:

A-Level Maturité
 Leaving Certificate Abitur
 Other : _____

Do you have a literary work to present? If yes, specify the author, title and edition.

Any additional information helpful to your teacher:

**Please send back this document once completed by email
(2 weeks minimum before you start your course) to:**

Anne.PERROT@ciel.fr