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| **Training needs analysis for One-to-One course – Exam preparation** |

**LAST NAME:**       **First name:**

**Age:**       **Nationality:**

**Profession:**

**Course starting date:** Click to open the calendar.

**Course ending date:** Click to open the calendar.

**Requested option:**

[ ]  Intensive course + 3h one-to-one/week

[ ]  Intensive course + 6h one-to-one/week

[ ]  Intensive course + 10h one-to-one/week

**\*As main course :**

|  |  |
| --- | --- |
| [ ]  3h one-to-one/week[ ]  6h one-to-one/week[ ]  Other:       | [ ]  10h one-to-one/week[ ]  15h one-to-one/week |

**\*If main course, please specify our available days and times:**

|  |
| --- |
| **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/yy):       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**