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| **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:** Click to open the calendar.

**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:

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| --- |
| **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**