

**SPECIALISED CENTRE IN TUTORING AND ACADEMIC MENTORSHIP IN CAMEROUN**

I. YOUR DETAILS

**TEACHER RECRUITMENT SHEET**

**I. YOUR DETAILS**

1. Surnames and First Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Born on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Issued on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P.O. Box \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fixed telephone /CTphone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. How did you hear about MozartCours?

⁭• By a poster • A leaflet • Word of mouth ⁭ • Banner • Commercial • Internet Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Do you have a means of transport (car, bicycle, scooter)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Current situation: ⁭• Current teacher ⁭ •Retired teacher ⁭• Student

⁭• Employee ⁭• Without activity ⁭ •Trainer ⁭ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

II. **YOUR STUDIES**

5. Highest degree obtained \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ University/School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Current course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ University/School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

III. YOUR EXPERIENCE

7. Have you ever given private lessons in a private setting? Yes •⁭ No ⁭•

8. Have you ever given private lessons within the framework of an organization? Yes ⁭/No ⁭•

9. What are your educational or associative experiences? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. What are your main motivations for teaching? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Do you use the Internet (school setting)? \_\_\_\_\_\_\_ Frequency of use (hours)? \_\_\_/ Week

**III. YOUR REQUEST**

12. In which subjects and for which levels do you wish to teach?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Subjects |  |  |  |  |
| Levels |  |  |  |  |

13. How many hours of lessons would you like to give each week? \_\_\_\_\_\_\_

14. Will you be available throughout 201 \_\_ - 201\_\_? Yes No •

15. What are your geographic preferences (neighborhoods) for teaching? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. Check in this table your hourly availability to give lessons?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Hours | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning |  |  |  |  |  |  |  |
| 12am-1pm |  |  |  |  |  |  |  |
| 1pm-2pm |  |  |  |  |  |  |  |
| 2pm-3pm |  |  |  |  |  |  |  |
| 3pm-4pm |  |  |  |  |  |  |  |
| 4pm-5pm |  |  |  |  |  |  |  |
| 5pm-6pm |  |  |  |  |  |  |  |
| 6pm-7pm |  |  |  |  |  |  |  |
| 7pm-8pm |  |  |  |  |  |  |  |
| After 8pm |  |  |  |  |  |  |  |

**N.B**.: Please join

•A CV

• Photocopies of the diploma / Transcripts / CNI

•A cover letter.

• A location map

Done in : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Signature.