

Cork Education & Training & Training Board,
21 Lavitt's Quay, Cork
Adult Literacy Service – Tutor Application Form

Name: _____ Date: _____

Address: _____

Tel (H) _____ (W) _____ (Mob) _____

Email _____

Occupation: _____ Age: _____

Educational background _____

Why do you want to be a tutor? _____

How would you describe yourself? _____

Interests / hobbies _____

Day / time suitable for lesson (choice where possible) _____

Are you available to volunteer for other related tasks? (E.g. typing, mailshots, PR, filing etc)

Any special skills that you feel may be useful?/other information (e.g. Maths, TEFL etc.)

For office use only

Training course attended: _____

Held by: _____

Tutor Trainer's Report: _____

Return to: Return to: Cork ETB or to your local Literacy Service /ALO