

Application form

Tutoring

Name & Surname									
Region preferred	Town		Suburb		Coun	tryside			
					Court	tryside			
Are you flexible with req	gion?		Yes	No					
First date available to s	tart								
Last date available to s	tart								
Last date available to s	tay in Spai	n							
Contact Informa	ation								
Full Address									
Email				Mob	ile nui	mber			
Skype				Hom	ne nun	nber			
Personal Inform	ation								
Passport/ID				Nati	onality	У			
Date of Birth			Age				Gender	Male	Female
Full driving license?	Yes	No		Date lice	ense ob	tained			
If yes, are you willing to	drive in Sp	ain?		Yes		No			
Do you have any crim	ninal reco	rd?				Yes	No		
If YES, please explain									

Are you in good health?	Yes	No	If NO, please explain				
Any disabilities?	Yes	No	If YES, please explain				
Any medication?	Yes	No	If YES, please explain				
Any serious allergies?	Yes	No	If YES, please explain				
Do you like pets?	Yes	No	If NO, please explain				
Any special diet?	Yes	No	If YES, please explain				
If you are a vegetarian o	or vegan, will	you be v	villing to cook meat for the children?		Yes	No	
Do you smoke?	Yes	No	If YES, how many daily?				
If you do smoke would you accept	NOT to smo	ke in the	house or in front of the children?		Yes	No	
Your religion			Practising? Yes	No	Sį	oecial occas	sions
Would you	u accept a fa	mily with	n another religion? Yes	No			
Can you swim?	Yes	No					
Knowledge of first aid?	Yes	No	Do you have a first aid certi	ficate?	1	Yes	No
Are you a	ble / willing	to provid	e medical help, such as inject insulin?			Yes	No
Do you have any previous e	xperience	in a fo	reign country?		Yes	No	

What are your future plans?

Languages spoken

Languages spoken				How long studied for?
	Fair	Good	Fluent	
	Fair	Good	Fluent	
	Fair	Good	Fluent	
	Fair	Good	Fluent	

Educational Background

Attended school/College

How many years?

Type of graduation

Your current occupation

If you are currently employed what is your profession

Current employer and company, if any

Your position

Employed until / or notice period

Hobbies & Interests

Writing	Theatre	TV	Animals	Swimming	Running	Cooking
Reading	Cinema	Art	Plants	Skiing	Cycling	Sewing
Piano	Singing	Handcrafts	Nature	Skating	Football	Knitting
Other/s						

Your family

Parent's address (if different)

Parent's phone number

Your father's occupation

Your mother's occupation

Sibblings (name & age)

Teaching / Tutoring Experience (if any)

In case of emergencies, call:			
Contact 1:	Contact 2:		
Name & Surname	Name & Surname		
Mobile number	Mobile number	Vaa	Ne
Next of kin	Next of kin	Yes	No

Would you like Club RCI to book a Spanish course in Madrid for you?

		If yes, how many weeks?
Yes	No	

Health & Travel Insurance CHECK CONDITIONS HERE.

Non-EU citizens (compulsory)

Private health and accident insurance is COMPULSORY for Non-EU citizens. We provide you a special flat rate of 20€/week with Guard me (multirisk).

Number of weeks			

EU citizens (optional)

We recommend EU citizens to get private insurance. We could provide you a multirisk Guard Me at a flat rate of 10€/week. Would you like us to get you insurance to cover your stay in Spain?

		If yes, how many weeks?
Yes	No	

Declaración / Disclaimer

Confirmo que la información dada es veraz y estoy de acuerdo con las condiciones del programa Tutoring in Spain de Club RCI, de las cuales he sido debidamente informado para participar en el programa.

I herewith confirm the given information is true to the best of my knowledge and I agree with the terms of business of Club RCI; I've been properly informed about the conditions to join the Tutoring in Spain programme.

By submitting this form you are agreeing to our privacy policy.

Name & Surname

Passport number

Date

Signature

Marketing preferences

Sign up for our newsletter emails, news, events and special offers.

Sign up to hear mor about other work travel opportunities Club RCI offer via email.



Documents needed

Diplomas or certificates of qualifications you may have achieved.

Criminal record

Photocopy of passport

Curriculum Vitae in Spanish or English.

3 pictures of you Smile!

Doctor Certificate

proving you are in good health. Download form.

References

2 character references letters in Spanish or English. Download form.

Once you've gathered all the documents needed, please submit them to us via email: spain@clubrci.es, including your application form in word/pdf document.

Please, state your full name in the subject field when emailing us.

Where have you heard from Club RCI?

Google/Other search engine





Other Participant (Name, please)

Others (Please, specify)