

**Adaptive Design for Learning (ADL)**

**Application Form**

*This Word version of the application form is for those who* ***CANNOT*** *access the Google form.*

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| **PERSONAL INFORMATION** | | | | | |
| Name: (last name) | (first name) | | | | (middle name) |
| Preferred Name for the Certificate: | Gender: | | Birth Date: (dd/mm/yy) | | |
| Email: | | | | Phone Number: ( ) | |
| Nationality: | | | | Country of Residence: | |
| Current Mailing Address: | | | | | |
| WhatsApp/Wechat Number: ( ) | | | | | |
| Skype/Zoom ID (if any): | | | | | |
|  | | | | | |
| **HOME INSTITUTION** | | | | | |
| Name of Institution: | | | | | |
| Department/Faculty: | | | | Position/Title: | |
| Years as Full-time Educator: | | | | | |
| Subject(s) You Currently Teach: | | | | | |
|  | | | | | |
| **EDUCATION** | | | | | |
| Most Recent Degree (e.g., MA/PhD in English): | | | | | |
| Institution Granting the Degree: | | | | | |
| Country of the Institution: | | Year Attained: | | | |
| Language of Instruction: | | | | | |
|  | | | | | |
| **ENGLISH PROFICIENCY** (*Rate as Poor, Fair, Good, Excellent)* | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Listening: | Speaking: | Reading: | Writing: | | | | | | |
| **ADDITIONAL QUESTIONS** | | | | | |
| 1. Which course(s) did you teach online during the past year? What did you find difficult during the shift to online teaching? How did you deal with it? (no more than 400 words) 2. Why do you need to take the Adaptive Design for Learning? (no more than 300 words) 3. What do you expect from this three-month online course? (no more than 300 words) 4. If you will be chosen to take the ADL, how will you share what you learn with your colleagues? (no more than 250 words)   ***Submit your application via*** [***https://forms.gle/emFidjiYqLebdPQR9***](https://forms.gle/emFidjiYqLebdPQR9) ***or by filling out this form and emailing it to Ms. Connie Cheung at*** [***ccheung@unitedboard.org***](mailto:ccheung@unitedboard.org) ***together with an endorsement from your institution.*** | | | | | |

*I declare that the information given in support of this application is accurate and complete. I understand that any misrepresentation will result in the disqualification of my application for the Adaptive Design for Learning.*

**Signature: Date:**