



ID Number to be Assigned by AC Staff

# ENGLISH SPEAKING NATION: SECONDARY TEACHER TRAINING PROGRAM

## Regional Peer Mentor-Teachers COHORT II APPLICATION FORM

Sponsored by the Public Affairs Section of the U.S. Embassy in Uzbekistan

Implemented by American Councils for International Education








## APPLICATION INSTRUCTIONS AND CHECKLIST

To be considered for the program, the complete application packet should be submitted to American Councils by Monday, **November 30, 2020 at 5 p.m. (Uzbekistan time)**. If possible, you should submit this application online at our website: <https://ais.americancouncils.org/esn>

You may also submit the application at this address: [esn@americancouncils.org](mailto:esn@americancouncils.org). Please send only ONE email that includes all the items listed in the section below. Your email should also include your full name as it is spelled in your passport and the city and region where you currently live. Your application will be disqualified if you apply both online and by email, if any of the required items are missing, or if multiple emails are sent with various application materials and without identification of your full name, city, and region in the subject line. The subject line must also include the acronym of the program you are applying for (e.g., RPM: Mukhairoz Sulova – Angren, Tashkent).

*[ Sample email format ]*

To	esn@americancouncils.org		
Cc			
Bcc			
RPM: Mukhairoz Sulova - Angren, Tashkent			
	Sulova, Mukhairoz_applicatio... 11 KB		Sulova, Mukhairoz_certificatio... 11 KB
	Sulova, Mukhairoz_diploma.pdf 11 KB		
	Sulova, Mukhairoz_passport.p... 11 KB		Sulova, Mukhairoz_signed dis... 11 KB
Dear ESN Staff,			
My RPM application is attached. Here is my personal information.			
Full name: Mukhairoz Sulova City: Angren Region: Tashkent			
Thank you, Mukhairoz Sulova			

**A complete application packet includes:**

- \_\_\_ 1. A signed copy of the DISCLAIMER: PRIVACY POLICY/CONSENT FOR PERSONAL DATA PROCESSING
- \_\_\_ 2. A typed or handwritten (clearly written) APPLICATION FORM with all answers and prompts completed
- \_\_\_ 3. A signed copy of the APPLICATION CERTIFICATION STATEMENT
- \_\_\_ 4. A copy of your LOCAL PASSPORT
- \_\_\_ 5. A copy of your DIPLOMA(S)

**For questions, please contact:**

[esn@americancouncils.org](mailto:esn@americancouncils.org)

American Councils for International Education  
English Speaking Nation Program  
12 Shota Rustaveli Street  
Grand Business Center, Office #208  
Yakkasaroy District  
100070 Tashkent, Uzbekistan

Telephone: +998 78 150 71 50

# ENGLISH SPEAKING NATION: SECONDARY TEACHER TRAINING PROGRAM

## Cohort II REGIONAL PEER MENTOR-TEACHERS APPLICATION FORM

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### DISCLAIMER: PRIVACY POLICY/CONSENT FOR PERSONAL DATA PROCESSING

By filling out this form, I consent to the collection, usage, storage, and disclosure of my personal data for the purposes of implementing the English-Speaking Nation: Secondary Teacher Training program. This consent form is provided to carry out actions in relation to my personal data that are necessary to achieve the above-mentioned objectives, including (without limitation) the collection, systematization, storage, clarification (updating, change), usage, transfer to third parties for the purposes of information exchange, depersonalization of personal data, as well as the implementation of any other actions as provided by the current legislation of the Republic of Uzbekistan.

I confirm that the personal data related to me (name, contact details, etc.) is provided by entering this data into the application form on the website [www.esn-teachers.org](http://www.esn-teachers.org) or in any other format is voluntary and reliable. By consenting to this policy, I understand that in case untrue/false information is provided, American Councils for International Education reserves the right to exclude my application from consideration.

By consenting to this policy, I understand that the American Councils guarantees the processing of my personal data in accordance with the current legislation of the Republic of Uzbekistan and in accordance with the Law of the Republic of Uzbekistan No. ZRU-547 Date (MM/DD/YYYY) 02.07.2019 "On Personal Data."

This consent is valid for the duration of; and until the formal conclusion of the aforementioned program regarding the processing of personal data or during the period of storage of information. This consent may be withdrawn at any time upon my written request. I confirm that by giving such consent, I act on my own freewill and in my interests.

### СОГЛАСИЕ НА ОБРАБОТКУ ПЕРСОНАЛЬНЫХ ДАННЫХ

Заполняя данную анкету, я даю согласие на сбор, использование, хранение, а также на передачу моих персональных данных, в целях осуществления программы English-Speaking Nation: Secondary Teacher Training.

Настоящее форма согласия предоставляется на осуществление действий в отношении моих персональных данных, которые необходимы для достижения указанных выше целей, включая (без ограничения) сбор, систематизацию, хранение, уточнение (обновление, изменение), использование, передачу третьим лицам для осуществления действий по обмену информацией, обезличивание, блокирование персональных данных, а также осуществление любых иных действий, предусмотренных действующим законодательством Республики Узбекистан.

Подтверждаю, что персональные данные, относящиеся ко мне (имя, контактные данные и т.д.), предоставлены путем внесения их в анкету/форму на сайте [www.esn-teachers.org](http://www.esn-teachers.org) или в любой другой форме добровольно и являются достоверными. Соглашаясь с этой политикой, я осознаю, что в случае недостоверности предоставленных персональных сведений Американские Советы по Международному Образованию оставляет за собой право прекратить рассмотрение моей анкеты.

Соглашаясь с этой политикой, я осознаю, что Американские Советы по Международному Образованию гарантирует обработку моих персональных данных в соответствии с действующим законодательством Республики Узбекистан и в соответствии с Законом Республики Узбекистан № ЗРУ-547 от 02.07.2019 «О

Данное согласие действует во время и до официального завершения вышеупомянутой программы относительно обработки персональных данных или в течение срока хранения информации. Данное согласие может быть отозвано в любой момент по моему письменному заявлению. Я подтверждаю, что, давая такое согласие, я действую по собственной воле и в своих интересах.

## ШАХСИЙ МАЪЛУМОТЛАРНИНГ ҚАЙТА ИШЛАНИШИГА РОЗИЛИК БЕРИШ ФОРМАСИ

Ушбу анкетани тўлдириш орқали, мен English-Speaking Nation: Secondary Teacher Training дастурини амалга ошириш учун шахсий маълумотларимни йиғиш, фойдаланиш, сақлаш, шунингдек, улашишга розилик билдираман.

Ушбу розилик шакли юқорида кўрсатилган мақсадларга эришиш учун зарур бўлган шахсий маълумотларимга тегишли ҳаракатларни амалга ошириш, шу жумладан (чеклашсиз) йиғиш, тизимлаштириш, сақлаш, аниқлаштириш (тўлдириш, ўзгартириш), фойдаланиш, ахборот алмашиш мақсадида учинчи шахсларга улашиш (тақдим этиш), шахсий маълумотларни йўқ қилиш каби ҳаракатларни амалга ошириш, шунингдек, Ўзбекистон Республикасининг амалдаги қонунчилигида назарда тутилган бошқа ҳаракатларни амалга ошириш учун тақдим этилди.

Менга тегишли шахсий маълумотларни (Исм, алоқа учун керакли маълумотлар ва ҳоказолар) [www.esn-teachers.org](http://www.esn-teachers.org) веб-сайтидаги ёки бошқа шаклдаги анкеталарга ихтиёрий киритилганини ва ишончли эканлигини тасдиқлайман. Мен тақдим этган шахсий маълумотларим нотўғри бўлган тақдирда, Халқаро таълим бўйича Америка Кенгашларининг Ўзбекистондаги ваколатхонаси аризамни кўриб чиқишни бекор қилиш ҳуқуқини ўзида сақлаб қолишидан хабардорман.

Халқаро таълим бўйича Америка Кенгашларининг Ўзбекистондаги ваколатхонаси - менинг шахсий маълумотларимни Ўзбекистон Республикасининг амалдаги қонунчилигига ва Ўзбекистон Республикасининг 02.07.2019 йилдаги "Шахсга доир маълумотлар тўғрисида"ги ЗРУ-547-сонли қонунига мувофиқ қайта ишланишига кафолат бериши ҳақида хабардорман.

Ушбу розилик юқорида айтиб ўтилган дастур давомида ва шахсий маълумотларни қайта ишлаш ёки расмийлаштириш яқунланишига қадар амал қилади. Ушбу розилик исталган вақтда ёзма талабим асосида қайтариб олиниши мумкин. Мен бундай розилик бериш орқали ўз хоҳишим ва манфаатларим бўйича ҳаракат қилишимни тасдиқлайман.

Signature of RPM Applicant: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

**PLEASE NOTE: Signature of Applicant required to complete this application.**

## APPLICATION CERTIFICATION STATEMENT

I certify that I completed this application myself, without any aid or assistance, that the information provided in this application is complete and accurate, and that I have carefully read and understood all notes and disclaimers provided therein.

I understand that American Councils reserves the right to verify all the information listed in the application. I understand that giving false or misleading information in the application will result in exclusion from competition or immediate dismissal from the English Speaking Nation: Secondary Teacher Training program.

I understand that I will serve as a teacher trainer for a minimum of three years after the program ends in October 2022. I understand that if selected:

- o I will be asked to sign a contract with the MoPE ensuring a three-year minimum commitment.
- o If I do not continue to serve as a teacher trainer for the MoPE, I may be asked to pay to the MoPE the amount that was spent for me to participate in the Training of Trainers Institute and, if applicable, in the TESOL Core Certificate Training Program.

Signature of RPM Applicant: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

**PLEASE NOTE: Signature of Applicant required to complete this application.**

## COHORT II RPM APPLICATION

### PERSONAL DATA

1. **Name** (AS IN LOCAL PASSPORT):

\_\_\_\_\_

(Family Name) (First Name) (Middle Name)

2. **Country of citizenship:**

3. **Country of legal residence:** \_\_\_\_\_

4. **Date of birth (mm/dd/yyyy):**

5. **Gender:** ☐ Male ☐ Female

6. **Total number of years of working as a secondary school teacher:**

7. **Total number of years of working as a secondary school teacher trainer:** \_\_\_\_\_

8. **Current home address and contact information:**

Street / building number: \_\_\_\_\_ Apartment: \_\_\_\_\_

City: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Region/Oblast: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate email: \_\_\_\_\_

What is the best way to contact you if ESN:STT staff is unable to reach you by the phone or email listed above (e.g., Skype, Telegram, etc.)? Please provide additional contact information:

\_\_\_\_\_

9. **Emergency contact information:**

*(You must provide at least one phone number that is different than yours.)*

Emergency contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email (if available): \_\_\_\_\_

## CURRENT WORKPLACE

**10. Current educational institution name in English:**

Street: \_\_\_\_\_

PO box (if applicable): \_\_\_\_\_

City, Region/Oblast: \_\_\_\_\_

Zip/ Postal code: \_\_\_\_\_

School phone: \_\_\_\_\_

Your work email: \_\_\_\_\_

Your work phone: \_\_\_\_\_  
(if different than above)

**Is this a public or private institution?**      Public      Private      Other/please specify: \_\_\_\_\_

**11. Current school principal/dean/headmaster name:** \_\_\_\_\_

**12. Total number of years working at this school:** \_\_\_\_\_

**13. Your job title:** \_\_\_\_\_

**14. Are you a full-time teacher/faculty member in your current work place:** ☐ Yes      ☐ No

**15. Number of students at current workplace:** \_\_\_\_\_

**16. Do you have a secondary workplace?** (e.g., tutoring, training school, etc.)      Yes      No

Secondary workplace name: \_\_\_\_\_

Telephone: \_\_\_\_\_

How many hours per day? \_\_\_\_\_

How many hours per week? \_\_\_\_\_

## CURRENT TEACHING AND PROFESSIONAL RESPONSIBILITIES

**17. Do you teach English language classes?**      ☐ Yes      ☐ No

If yes, how many classes per week? \_\_\_\_\_

**18. What other subjects do you teach in English?** \_\_\_\_\_

**19. What grade levels do you teach?** \_\_\_\_\_

**20. Average number of students per class?** \_\_\_\_\_

**21. Not including teaching, what additional activities are you responsible for at your school?** \_\_\_\_\_

(e.g., supervision of teachers, curriculum development, teacher training, student clubs, student activities etc.)

**22. Including you how many English teachers work in your school?** \_\_\_\_\_

## EDUCATION HISTORY AND KNOWLEDGE OF LANGUAGES

**23. Bachelor's degree**      Yes      No

Higher education institution name where the degree was received:

Institution Location:

Major:

Year Degree Granted:

**24. Master's degree**      Yes      No

Higher education institution name where the degree was received:

Institution Location:

Major:

Year Degree Granted:

**25. Native Language**

Other Languages You Can Speak:

Other Languages You Can Read:

Other Languages You Can Write:

Other Languages You Can Understand When Listening:

## SUPPLEMENTARY INFORMATION

The following information will NOT be considered in the evaluation of your application. The information will be needed for logistical purposes if you are selected for this program.

**26.** Do you have access to a computer in Uzbekistan?      ☐ Yes      ☐ No

If yes, where do you use it?      ☐ Home      ☐ Office      ☐ Other \_\_\_\_\_

**27.** Do you use email on a regular basis?      ☐ Yes      ☐ No

**28.** Do you use *Telegram* on a regular basis?      ☐ Yes      ☐ No

**29.** Your proficiency in using *Zoom*:      ☐ Never used      ☐ Used a couple of times      ☐ Advanced user

## WRITING SECTION

The English Speaking Nation: Secondary Teacher Training program takes plagiarism very seriously. Any responses copied/plagiarized from the internet, publications (books, articles, etc.), or other people's work will disqualify your application.

I understand that copied/plagiarized information from the internet, publications (books, articles, etc.), or other people's work will disqualify my application and will result in my exclusion from the English Speaking Nation: Secondary Teacher Training program competition.

**PLEASE NOTE: YOU MUST ENTER YOUR INITIALS TO COMPLETE APPLICATION**

Initials of applicant: \_\_\_\_\_



**Please write clearly and answer the two writing prompts below in full in 100-1,000 words each.**

- I. What are your TWO MOST IMPORTANT long-term goals as a TEACHER TRAINER? How will participating in this program bring you closer to accomplishing your two most important long-term goals?

- II. Since you became a teacher, how many teacher training events have you attended? Please describe a teacher training you attended and believe was unsuccessful. Why do you think it was unsuccessful, and what would you have done differently if you were in charge of conducting the event?