**EFA Pre-service teacher training course**

**Registration Form**

First and last name:

Address:

Phone number:

Email address:

**Course Schedule**

|  |  |  |
| --- | --- | --- |
| **Day** | **Mornings** | **Evenings** |
| **Monday** |  | **18h30 to 20h30** |
| **Tuesday** | **self-study** | **self-study** |
| **Wednesday** | **self-study** | **self-study** |
| **Thursday** |  | **18h30 to 20h30** |
| **Friday** | **self-study** | **self-study** |
| **Saturday** | **self-study** | **self-study** |
| **Sunday** | **self-study** |  |
| **In-person meetings** |  |  |
| **Saturday** | **9h00 to 13h00** | **14h30 to 16h30** |
| **Sunday** | **9h00 to 13h00** | **14h30 to 16h30** |

**Important**: To finalize your registration you will need to:

* Include a copy of your national identity card;
* Transfer full course fees to English for Africa of **1,800** dh

**Signature:**

**Date:**