

# Form Filling Entry 3

ESOL/ESL students have a lot of problems filling in forms. This lesson is designed to give them help with forms in general.

Age: Adults.

Level: ESOL entry 3

Length: 1 hour (more if you do part three)

Vocab: Form filling stuff Focus: Filling in forms.

Sub skills: Reading / writing neatly and between the lines/ using block capitals.

- Ask students to brainstorm what questions you are asked on forms. Write these on the board and make sure they understand. Add the boxes from the sample form. Spend some time explaining that students need to write inside the boxes, and they need to use capital letters.
- 2. Fill in the form. Monitor students as they do this, there are bound to be problems. I'd suggest giving the sheets out one at a time, so that students can't rush ahead. Once students have completed a sheet you can go through it together as a class.
- 3. Consolidation. Fill in a real form; use one from your school or college. One from a bank.

#### NOTES

Students will have difficulties filling in the employment and education sections. They need to approximate their experience for ease.

Make sure students realise that bank details can be exploited if they get into the wrong hands.





Entry 3



We need to know everything.

### PLEASE WRITE IN BLOCK CAPITALS USING BLACK INK.

Forename		
Surname		
Previous Surname		
Title Mr/ Mrs/ Mis	s/Ms / Other	
Date Of Birth		
Address		
Post Code (Zip)		
Previous address		
Post Code (Zip)		
Day Telephone		
Mobile Telephone		
Nationality		
Do you want to receive information about our special offers? Yes / No		
Do you have a bank account? Yes / No		

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**Employment** 

Employer's name or address	From(DD/MM/YY)	Till (DD/MM/YY)

#### Other Skills

Do You have any other skills or talents you would like to tell us about?		





### Education and Qualifications

School/College/University	From (DD/MM/YY)	Till (DD/MM/YY)

## Qualifications

Exams	Grade	Date Passed

PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY

### Bank Details

Bank	Account Number	
Account Name		
Credit Card	Visa/ Delta / MasterCard /other	
Card Number		
Sort Code	Expiry Date	

