Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All Members of Eaquals are required to complete this form **every two years** in order to retain their accredited status. It should be returned to the Secretariat **within 30 days** of the date mentioned in the accompanying email. Once every four years it will be used to help prepare an inspection and should be returned at least four weeks before the date of the inspection and earlier if possible.

Eaquals membership and accreditation applies to **all** eligible courses and provision in the entire Language Education Centre. It covers courses in **all** foreign languages, whether these are run on the Language Education Centre’s premises or elsewhere (for example, in companies, mainstream Language Education Centres, government departments etc.), as well as teacher training courses. It is therefore very important to include **details of all eligible courses** in this form. All information will be confidential to Eaquals staff, the Executive Committee and to the Inspectors. In the interests of all Eaquals members, any organisation found to be providing untrue information will be liable to have membership denied or withdraw.

Please return the completed form **(as Word document not pdf)** by e-mail to the Services Manager,Anna Andor: [aandor@eaquals.org](mailto:aandor@eaquals.org).

|  |  |
| --- | --- |
| Section A: Language Education Centre Description | |
| **Official** name of Language Education Centre |  |
| **Full postal address** of Language Education Centre |  |
| Name of **contact person** |  |
| Email of contact person |  |
| Website address | Please paste in the hyperlink to the Home page |
| **Legal status** (sole ownership/company ownership/public or state ownership etc) |  |
| Details of company or organisation as filed at the national **company registration** authority if relevant |  |
| Is the Language Education Centre a department or subsidiary of any larger organisation? If so, please give the name |  |
| Name of the **legal owner** (private sector) OR  Name of the **Head** of Language Education Centre/college (public/state sector) |  |
| **Address of legal owner** if different from that given above. |  |
| Date of appointment or acquisition |  |
| Has the company/LEC ever been denied accreditation by a local, national or international body? | Please give details if so. This information will be treated in the strictest confidence and will not necessarily preclude Eaquals accreditation. |
| Has the group/company/LEC or any of its directors ever been successfully prosecuted? | Please give details if so. This information will be treated in the strictest confidence and will not necessarily preclude Eaquals accreditation. |
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| Section B: Management and Administration | |
| Name of **Director/Principal/Centre Manager, or Head of Department** |  |
| Length of service in this role |  |
| Qualifications |  |
| Experience |  |
| Nature of contract | Permanent or fixed term - if fixed term, state length of contract |
| Name of **Director of**  **Studies or Academic Manager(s**) |  |
| Qualifications |  |
| Length of service in this role |  |
| Experience |  |
| Nature of contract |  |
| Name of **senior administrative member of staff** |  |
| Qualifications of the person named above |  |
| Length of service in this role |  |
| Experience |  |
| Nature of contract |  |
| Name of **person responsible for accounts/finance** |  |
| Qualifications |  |
| Length of service in this role |  |
| Experience |  |
| Nature of contract |  |

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| *(Intensive schools only)*  Name of **person responsible for Student Welfare/Accommodation Services** |  |
| Qualifications of the person named above |  |
| Length of service in this role |  |
| Experience |  |
| Nature of contract |  |
| Please indicate if the school uses an Accommodation Agency |  |
| Name of Accommodation Agency if applicable |  |

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| --- | --- | --- | --- | --- |
| Section C: Teaching Staff (add rows as needed) | | | | |
| Names | Languages and specialisms taught | Full Time/ Part Time | Experience, including service with the present organisation | Qualifications (TFL and other) |
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| Section D: Additional Staff (add rows as needed) | | | | | |
| Names | Job Title | Number Full Time | Number Part-Time | Experience, including service with the present organisation | Qualifications |
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VERY IMPORTANT NOTE

**Please note that** at the time of the Inspection, **all the following sections will be pasted into the Inspection Report by the Inspectors**. It is therefore important that Language Education Centres include all information they would like to appear in the report, that will help the Accreditation Panel to understand the context of the Report when they come to moderate it, in order to ensure that the Inspectors’ judgements are consistent with Eaquals criteria and standards.

However, **please keep this section as brief as possible**. If the completed Sections D to G cover more than five full pages, you may be asked to reduce the text so that it can be included in the report.

**It is also important that these sections are completed at the time of the interim Self-Assessment**, as it gives Eaquals a complete view of the Language Education Centre and its activities.

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| Section E: Language Education Centre Background Information  NB – this should be concise: it is intended to provide a background to the report delivered by the Inspectors and does not need to include every detail. | |
| History | Please provide a brief account of the history of the Language Education Centre (date founded, any mergers, moves, etc.) |
| Premises | Please give a brief description of the main premises: number and size of classrooms (how many students can be accommodated in each) student common rooms, offices etc. |
| Facilities | Please give a short account of the facilities available to staff and students such as café/refreshment bar, drinks and snack machines, and anything you feel is important to include. |
| Classroom equipment | Please describe the equipment available in classrooms, indicating whether it is in all classrooms or only some and if so, how many. |
| Any other premises used by the Language Education Centre | Please describe any other premises used by the Language Education Centre, indicating distance in km and travel time from the main premises |

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| Section F: Courses Offered | | |
|  | Approximate **percentage of total student hours** as calculated below | Approximate **number of teachers per language** taught |
| **Language 1** (insert name) add further rows as needed | % |  |
| **Language 2** (insert name) add further rows as needed | % |  |
| **Language 3** (insert name) add further rows as needed | % |  |
|  | % |  |
|  | % |  |
|  | % |  |
|  | % |  |
| Types of course, e.g. national and international exam courses, .and on-line courses over the year *(*add rows as needed) | | |
| **General Language** | (name) | % |
| **Special purpose** | (name) | % |
| **Special purpose** | (name) | % |
| **Any courses provided which are not language courses (e.g. teacher training**).  Please specify type and student numbers.(add rows as needed) | | |
| Name of course | Type | Student Numbers |
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| Section G: Staff and Student Numbers | | | | | | | |
| Students | | | | | | | |
| Approximate total of number of all **student hours** of tuition provided by the Language Education Centre **during the last 12 months.** Include course participants taught in-company and in other off-site locations | | | | To calculate student hours: multiply the number of course participants registered, by the number of 60-minutes clock hours each received (for example, 30 course participants doing a course lasting 60 clock hours is 1,800 student hours)  **Total Number**: | | | |
| Approximate total of number of students at different times of the year | Q1 Jan-March: | | Q2 April-Jun: | Q3 July-Sept: | | Q4 Oct-Dec: | |
|  | | | | | | | |
| Approximate **numbers of full time** (15 or more hours per week) and **part-time** (under 15 hours per week) course participants over the year | |  | | **Full-time** | | **Part time** | |
| Number: | |  | |  | |
| Percentage: | | % | | % | |
|  | | | | | | | |
| Approximate **Numbers** of **Junior** (16-11) **Young Learners** (10-6) and **Very Young Learners** (5 and under) over the year | |  | | **Junior** | **Young Learners** | | **Very Young Learners** |
| Number: | |  |  | |  |
| Percentage: | | % | % | | % |
| **Maximum size of classes taught**: | |  | |  |  | |  |
| Staffing | | | | | | | |
| **Number of Full Time Teaching Staff employed** | | Q1 Jan-March: | | Q2 April-Jun: | Q3 July-Sept: | | Q4 Oct-Dec: |
|  | |  |  | |  |
| **Number of Part Time Teaching Staff employed** | | Q1 Jan-March: | | Q2 April-Jun: | Q3 July-Sept: | | Q4 Oct-Dec: |
|  | |  |  | |  |
| **Number of Full Time Administrative Staff employed** | | Q1 Jan-March: | | Q2 April-Jun: | Q3 July-Sept: | | Q4 Oct-Dec: |
|  | |  | |  |  | |  |
| **Number of Part Time Administrative Staff employed** | | Q1 Jan-March: | | Q2 April-Jun: | Q3 July-Sept: | | Q4 Oct-Dec: |
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| Section G: Developments since your last Inspection  Please note here any important activities or changes to structures or systems which have occurred since your previous Inspection. You may find it helpful to refer to the 12 categories of the Eaquals Standards. Please keep your account as brief as possible. | |
| **Actions taken** | Based on Eaquals recommendations? |
|  | Yes/No |
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