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

This form is to be completed before an Inspection takes place and is designed to ensure that planning and arranging the Inspection is as simple as possible.

Once we have all the details we can estimate the length of the inspection of your Language Centre.

Eaquals membership and accreditation applies to all eligible courses and provision in the entire Language Centre. It covers courses in all foreign languages, whether these are run on the Language Centre’s premises or elsewhere (for example, in companies, mainstream Language Centres, government departments etc.), as well as online and blended learning, and 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 Accreditation Panel 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 in Word format by e-mail to the Services Manager, Anna Andor**: [aandor@eaquals.org](mailto:aandor@eaquals.org).

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| **Please give three preferred dates for the Inspection** | |
| Month | Date |
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\* Please choose these dates carefully as it is unlikely we will be able to change dates once they have been set. Make sure all key staff will be present and all types of courses will be run at the time of inspection.

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| Are there any areas of your activity (e.g. a specific language or type of course, or student age group, or accommodation services, etc) which usually take up more than 10% of your activities, but which will not be present on any of the dates above? Please give details if so. | Please ensure you include all relevant detail requested |

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| Section A: **Language Centre Description**  (Please ensure you include all relevant detail requested) | |
| **Official** name of Language Centre |  |
| **Full postal address** of the Language Centre. |  |
| **Website address** of the Language Centre | Please paste in the hyperlink to the Home page |
| Name of the **contact person** for the Inspection. |  |
| Email address, Skype name (if applicable) and phone number of the contact person | (for phone number, please give full number to call from outside your country) |
| **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 Centre a department or subsidiary of any larger organisation? If so, please give the name |  |
| Name of the **legal owner** (private sector) OR |  |
| **Address of legal owner** if different from that given above. |  |
| Has the company/Language Centre 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/Language Centre 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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| If applicable  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 Language Centre 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/ Freelance** | **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** | **Full Time** | **Part-Time** | **Experience, incl. service with the present organisation** | **Qualifications** |
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VERY IMPORTANT NOTE

**Please note that** **all the following sections will be pasted into the Inspection Report by the Inspectors**. It is therefore important that Language 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 and D to H for re-inspections cover more than five full pages, you may be asked to reduce the text so that it can be included in the report.

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| Section E: **Language 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.) |
| **Accreditation** | Please provide information on any accreditation obtained other than Eaquals and the date(s). |
| **Methodological approach** | Please give a brief description of your educational philosophy and methodological approach including assessment of students’ progress. |
| **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 study area, resource centre, 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 Centre** | Please describe any other premises used by the Language Education Centre, indicating distance in km and travel time from the main premises |
| **Location of in-company courses** | Please list locations where in-company classes are held 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  (for an academic year) | Approximate **number of students**  (for an academic year) | | Approximate **number of teachers per language** taught  (for an academic year) |
| **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 blended/ on-line courses over the year *(*add rows as needed) | | | | |
| **General Language** | (name) | | % of all courses taught | |
| **Special purpose** | (name) | | % of all courses taught | |
| **Special purpose** | (name) | | % of all courses taught | |
| **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** | **Number of students** | | **Number of teachers** |
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**Please specify how your courses are currently delivered**

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|  | **Yes / No** | **% of all courses taught** |
| **Face–to–face** |  |  |
| **Blended** |  |  |
| **Online** |  |  |

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| **Technology enhanced learning** | |
| Are your **face-to-face courses supported by digital /online tools** and methodology?  This may include the use of hardware and/or software both in and out of class during the period of the course.  Yes/No. If yes: | |
| * Is this a compulsory element of the course? | Yes/No |
| * Is it a fully integrated part of the course? | Yes/No |
| * Is it used for homework? | Yes/No |
| * Is it used for assessment? | Yes/No |
| * Is it used in class? | Yes/No |
| Please describe the use of educational technology briefly. |  |
| **Blended Learning and online courses**  Are any of the enrolled hours for any course(s) required to be completed online (either as asynchronous online learning or through synchronous interaction with a teacher online via a webinar or similar tool)?  Are there any courses delivered exclusively online? | Yes/No.  If yes, please describe the course(s) briefly |
| % of student hours spent online as part of the course |  |
| Number of teachers for both synchronous and asynchronous learning |  |
| **Blended Learning / online courses: timing** | |
| Please give details of online learning likely to be taking place during the period of 3 weeks before and 3 weeks after the inspection period, including where possible: |  |
| Number of levels / courses |  |
| Number of hours, if synchronous |  |
| Synchronous (teachers and students online together): | Yes/No |
| Asynchronous (material available for students to use at their convenience): | Yes/No |

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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**: | | | | | | | | | |
| **Low and Peak Seasons** (Please tell us which are your busiest and quietest months) | | | Low Season (months): | | | | | | Peak season (months): | | | |
| **Numbers of sites** | | | Please list all sites you use in low and peak season and state approximate travel time from main premises | | | | | | | | | |
| **Low Season:** | | | **Peak season:** | | | | | | | | | |
| 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 **age 18+ over the year** | |  | **Full-time** | | | | | | **Part time** | | | |
| Number: |  | | | | | |  | | | |
| Percentage: | % | | | | | | % | | | |
| **Maximum size of classes taught**: | |  |
|  | | | | | | | | | | | | |
| Approximate **numbers of full time** (15 or more hours per week) and **part-time** (under 15 hours per week) course participants **age 16 – 17.** | |  | **Full-time** | | | | | | **Part time** | | | |
| Number: |  | | | | | |  | | | |
| Percentage: | % | | | | | | % | | | |
| **Maximum size of classes taught**: | |  | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Approximate **Numbers** of **Junior** (11-15) **Young Learners** (6-10) and **Very Young Learners** (6 and under) over the year | |  | **Junior**  (11-15) | | | **Young Learners** (6-10) | | | | **Very Young Learners**  (6 and under) | | |
| Number: |  | | |  | | | |  | | |
| Percentage: | % | | | % | | | | % | | |
| **Maximum size of classes taught**: | |  |  | | |  | | | |  | | |
|  | | | | | | | | | | | | |
| **Staffing** | | | | | | | | | | | | |
| **Number of Full Time Teaching Staff** | | Q1 Jan-March: | | | Q2 April-Jun: | | | Q3 July-Sept: | | | | Q4 Oct-Dec: |
|  | | |  | | |  | | | |  |
| **Number of Part Time/Freelance Teaching Staff** | | Q1 Jan-March: | | | Q2 April-Jun: | | | Q3 July-Sept: | | | | Q4 Oct-Dec: |
|  | | |  | | |  | | | |  |
| **Number of Full Time Administrative Staff** | | Q1 Jan-March: | | | Q2 April-Jun: | | | Q3 July-Sept: | | | | Q4 Oct-Dec: |
|  | | |  | | |  | | | |  |
| **Number of Part Time Administrative Staff** | | Q1 Jan-March: | | | Q2 April-Jun: | | | Q3 July-Sept: | | | | Q4 Oct-Dec: |
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| **Section H: Developments since your last Inspection** (re-inspections only)  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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