

**Eaquals Consultancy & Training Enquiry Form**

**Please complete the form with as much detail as possible and return to** **director@eaquals.org**

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| **Institution**  |  |
| **Website**  |  |
| **Contact person (name)** |  |
| **Contact person (email)** |  |
| **Contact person (phone)** |  |
| **Date of enquiry** |  |

**Area for requested consultancy and/or training:** *please choose one.*

* Implementing the CEFR: Course design & assessment
* Academic Management
* Professional Development for Language Teachers
* Quality Assurance for Language Education

# Institutional Information: *size, subject taught, languages taught, teacher profile, student profile etc.*

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**Requirements of consultancy/training content**

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**Profile of trainees:** *experience, knowledge etc.*

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**Required timeframe:** *start/end dates, required hours, mode of delivery etc.*

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**Other relevant information and/or comments**

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***Please note that as soon as your enquiry has been reviewed, we will be in touch to set up an online meeting to discuss the details of the consultancy/project.***