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

This form is to be completed before an Advisory Visit takes place and is designed to ensure that planning and arranging the Visit 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 language courses run face-to-face, online as well as 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.

|  |
| --- |
| **Please give three preferred dates for the Advisory Visit** |
| **Month** | **Date** |
|  |  |
|  |  |
|  |  |

\* 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.

|  |  |
| --- | --- |
| Are there any areas of your activity (e.g. a specific language or type of course 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 |

|  |
| --- |
| 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 and phone number of the contact person | (for phone number, please give full number to call from outside your country) |
| **Legal status** and the name of the Language Centre |  |
| **Address of legal owner** if different from the contact person |  |
| Has the 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 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. |

|  |
| --- |
| 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 of the person named above |  |
| Length of service in this role |  |
| Experience |  |
| Nature of contract  |  |

|  |
| --- |
| Section C: **Teaching Staff** (add rows as needed) |
| **Names** | **Languages and specialisms taught** | **Full Time (FT)/** **Part Time (PT)/** **Freelance (FL)** | **Overall teaching experience in years/ months** | **Years/ months service with centre** | **Qualifications (TFL and other)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| Section D: **Additional Staff** (add rows as needed) |
| **Names** | **Job Title** | **Full Time** | **Part-Time** | **Overall experience in years/ months incl. service with the present organisation** | **Years/ months service with centre** | **Qualifications** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

VERY IMPORTANT NOTE

**Please note that** **all the following sections will be pasted into the Advisory Visit Report by the Inspector**. 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 cover more than five full pages, you may be asked to reduce the text so that it can be included in the report.

|  |
| --- |
| 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.**PLEASE DO NOT USE PERSONAL NAMES AS THESE WILL BE REMOVED FOR THE FINAL VERSION** |
| **History** | Please provide a brief account of the history of the Language 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 libraries, study areas, resource centres, 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 Centre, indicating distance in km and travel time from the main premises |

|  |
| --- |
| Section F: **Course Delivery Overview** |
| **Language** | **Types of Course (General/ Special purposes/ Teacher Training/ Exams)** | **Approx. % of total student hours (for an academic year)** | **Approx. no. of students (for academic year)** | **Approx. no. of teachers per course taught (for academic year)** | **Mode of delivery (F2F/ Online/ Blended). If blended, what % of online hours are synchronous (OS)/****Asynchronous (OA)** | **If course is enhanced by online/ digital tools say whether this is fully integrated/ aligned to courses and whether compulsory**  | **Is technology used in class, homework or assessment?** |
| **Fully integrated** | **Compulsory** |
| **Language 1**  |  | % |   |   |   |  |  |  |
| **Language 2**  |  | % |   |   |   |  |  |  |
| **Language 3**  |  | % |   |   |   |  |  |  |
| **Language 4**  |   | % |   |   |   |  |  |  |
| **Language 5**  add further rows |   | % |   |   |   |  |  |  |
| If relevant, please describe the use of educational technology briefly. |

|  |
| --- |
| **Blended Learning / online courses:** Give details of online learning likely to be taking place during the period 3 weeks before and 3 weeks after the inspection. |
| **Course Name** | **Number of courses** | **Number of levels** | **Synchronous hours** | **Asynchronous hours** |
|  |  |  |  |  |

|  |
| --- |
| Section G: **Staff, Student and Site 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: number of course participants registered, x the number of 60-minutes clock hours each received.For example, 30 course participants each 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):** |
| 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** |  |  |  |  |
| **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** |  |  |  |  |
| **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) |
| **Full-time** |  |  |  |
| **Part time** |  |  |  |
| **Maximum size of classes taught**:  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Staffing** | **Q1 Jan-March:** | **Q2 April-Jun:** | **Q3 July-Sept:**  | **Q4 Oct-Dec:**  |
| **Number of full-time teaching staff**  |  |  |  |  |
| **Number of part-time teaching staff**  |  |  |  |  |
| **Number of freelance teaching staff** |  |  |  |  |
| **Number of full-time administrative staff** |  |  |  |  |
| **Number of part-time administrative staff**  |  |  |  |  |

|  |
| --- |
| **Site/ Venue Information** |
| Please list all sites you use in low and peak season  | Q1 Jan-March: | Q2 April-Jun: | Q3 July-Sept:  | Q4 Oct-Dec:  |
| **Number of main sites directly owned or leased by the centre** |  |  |  |  |
| **Number of in-company/ in-school sites the centre visits to deliver courses** |  |  |  |  |
| **Site names and locations including in-company or in-school course venues** (add row as needed below) |
| **Name** | **Location** | **Approx. how many teaching staff at this site** | **distance from main centre/ time needed using the easiest mode of transport** | **Easiest mode of transport from main centre to venue** |
|  |  |  |  |  |
|  |  |  |  |  |