

APPROVAL OF STUDY CENTRE

Application Form (Form AP1)

- The completion of this Application Form is a mandatory requirement for approval.
- All questions containing options should have the appropriate option(s) circled.
- If there are difficulties or queries with this form, please contact us before submitting the form. Incomplete forms will delay process of approval.
- Education Consortium reserves the right to recover any additional information that may be pertinent to satisfactory approval

Organisation and Registration Details:

Name of Organisation: _____

Address: _____

Date Established: _____

Tel No: _____ Fax No: _____

Email: _____ Website: _____

1. Address of administrative headquarters/registered office (if different to above).

2. Does the government of your country require teaching organisations to be registered?* Yes/No
If 'Yes' please state your registration number and attach a copy of the relevant documentation.

3. Are you registered by any other organisation?* (Yes/No) If 'Yes' state by whom, giving registration number (if applicable) and contact details at that organisation.

4. What is the legal status of the organisation? (Please circle as appropriate.)

- Limited Company
- Partnership Trust
- Proprietorship
- Unincorporated Company
- State Funded Institution
- Other (please specify)

Organisation Premises

5. a) Are the premises owned or leased? If leased, how long is the remaining lease? Owned/Leased

b) Does the organisation operate elsewhere under the same or another name? If 'Yes' please give details. Yes/No.

Organisation Management

6. Please state the name, title and qualifications of the head of the organisation.

7. Please state the name, title and qualifications of the Director of Studies/Head of Department.

8. Please state the name and title of the person responsible for organising and monitoring delivery of Education Consortium courses.

Programme Accreditation Details

10. Please list the programmes and levels for which you seek accreditation:

12. Has the college been operational for a minimum of two academic years? Yes/No

13. How many students do you expect to recruit for E.C courses this academic year?

Teaching and Learning Facilities

17. How many teaching rooms does the organisation have?

18. Are all rooms equipped with:

- | | |
|---------------------------------|--------|
| • Whiteboard | Yes/No |
| • DVD/video | Yes/No |
| • Audio equipment | Yes/No |
| • Heating and air conditioning? | Yes/No |

19. Are the following facilities available on site?

- A staff room Yes/No
- A student common room Yes/No
- A library/learning centre Yes/No
- Computer access for staff and students Yes/No

If 'Yes' please state the number of computers

How many of the computers are networked? _____

- Free internet access Yes/No
- Photocopying (free or otherwise) Yes/No
- Prescribed texts (free or otherwise) Yes/No

Student Support

29. What action is taken to ensure student attendance?

Publicity

32. How will the organisation announce the introduction of E.C courses

33. Please indicate how the organisation will market programmes after approval (e.g. newspaper adverts, journals).**

34 Please indicate how the organisation first heard about or was introduced Education Consortium(e.g. event, web search, word of mouth)

*All publicity material employing the Education Consortium name and logo must be referred to the Marketing Manager at Head Office prior to use, throughout the period of approval.

Signature of Head/Principal of Organisation

I acknowledge that I have read and understood all requirements of this application and have attached all appropriate documentation, as requested.

Name: _____

Signature: _____ Date: _____

Return application to:

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