**CertPT Centre Validation: Expression of Interest**

[In confidence with Trinity College London]

This form must be completed by the prospective course provider and sent to Trinity College London for approval by the Senior TESOL Moderator prior to a full proposal being completed. Trinity will confirm in writing whether the prospective course provider should proceed with a proposal. This confirmation does not constitute a guarantee of eventual validation.

Submission of a full proposal is usually within three months of an ‘Expression of Interest’ being made. If a full proposal submission does not take place within six months, we would need to request a new ‘Expression of Interest’ and updated trainer CVs.

*Please return the form and CVs of prospective trainers to:**tesol.admin@trinitycollege.co.uk*

**We are applying to run the CertPT with assessments submitted in the following language/s:**

**A1. Contact Details: Management and administration**

|  |
| --- |
| Organisation name:  Trinity centre number (if applicable):  Full address:  Website: |

**Course management contacts**

*Please ensure you identify the following:*

* *CertPT Course Director*
* *Payments contact*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Email address** | **Telephone no.** | **Role** |
|  |  |  | *CertTESOL Course Director* |
|  |  |  | *Payments contact* |
|  |  |  |  |

**Proposed tutoring staff**

In addition to this Expression of Interest form, please ensure you attach the CVs of all proposed course director(s) and tutors along with this Expression of Interest.

|  |  |
| --- | --- |
| **Name of proposed tutor**  **(CV attached)** | **Tutor’s relationship to school, e.g. employed staff, freelance contractor** |
|  |  |
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|  |  |
|  |  |

Note that applications cannot be progressed unless at least two prospective tutors meet the minimum tutor requirements described on page 15 of the CertPT Specifications and Validation Requirements.

C.V.s need not be exhaustive, but should include:

* full details of qualifications held
* experience of teaching ESOL learners
* training duties involving TESOL
* CPD relating to TESOL

I have attached the CV of the proposed, and named, course director (please check box)

I have attached the CVs of all proposed tutors (please check box)

**A2. Contact Details: Venues**

*If you are intending to hold courses at a different address to the one provided in the Course Management & Administration section, please complete the details here:*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Full address** | **Contact name** | **Contact telephone no.** |
| **Venue 1** |  |  |  |
| **Venue 2** |  |  |  |
| **Venue 3** |  |  |  |

**A3. Contact Details: Marketing**

Once validated, Trinity will add you to our website’s course providers map in order for potential candidates to contact you. Please confirm which details you would like us to use for this purpose here:

|  |  |
| --- | --- |
| **Administration address** |  |
| **Venue address** (if different from admin address) |  |
| **Website address** |  |
| **Contact email address** |  |
| **Contact telephone number** |  |

**B1: Prospective Cert PT course**

1. Does the school envisage delivery a face-to-face only, blended, or fully online course?

Why has the centre chosen to deliver courses in this format? What learning platforms is it anticipated will be used?

*\*Please select only ONE option at this stage for this initially proposed course; alternative formats can be discussed once validation for the specified delivery approach has been granted.\**

|  |  |
| --- | --- |
| **Delivery format** |  |
| **Reason** |  |
| **Learning platform** |  |

2. Please give an anticipated general profile of course participants, eg ‘teachers working in secondary school’

|  |  |
| --- | --- |
| **Course participant profile** |  |

3. Anticipated length of course and details of course participant participation e.g. Mon – Fri, F2F, two evenings per week, etc.

|  |  |
| --- | --- |
| **Course Length** |  |

4. Anticipated number of courses per year:

5. Brief description of the selected area of CertPT specialisation, eg Young Learners, CLIL, Communicative Methods, EAP, etc. Please also give a brief rationale for selection.

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| --- | --- |
| **Context Specific study** |  |

**C1. Your organisation: learning and teaching**

1. Give a brief description of learners who enrol at your centre for Language learning.

|  |  |
| --- | --- |
| **Language Learners** |  |

2. What is the date your organisation established English Language courses?

3. What documentation *could* your organisation provide to confirm this date, if required (eg attendance reports, company records)?

|  |  |
| --- | --- |
| **Documentation** |  |

**C2. Your organisation: Teacher education**

1. If you run any externally assessed teacher CPD programmes, please briefly describe them here:

|  |  |
| --- | --- |
| **Externally assessed teacher CPD** |  |

2. What is the date your organisation established teacher education courses?

3. What documentation *could* your organisation provide to confirm this date, if required (eg attendance reports, company records)?

|  |  |
| --- | --- |
| **Documentation** |  |

***C3. Your organisation: Records and associations***

1. What is the date your organisation was established?

2. What documentation *could* your organisation provide to confirm this date, if required (eg attendance reports, company records)?

|  |  |
| --- | --- |
| **Documentation** |  |

3. Please provide us with two credit referees (for example, two suppliers with whom you deal with on a regular basis). Trinity may contact these in the course of the validation process.

|  |  |  |
| --- | --- | --- |
|  | **Referee 1** | **Referee 2** |
| Name of organisation |  |  |
| Full address |  |  |
| Contact name |  |  |
| Telephone number |  |  |
| Email address |  |  |

4. Is your organisation a member of any associations and schemes? If so, please indicate which ones, your organisation’s year of joining and whether they operate an inspection process.

|  |  |  |
| --- | --- | --- |
| **Association/Scheme Name** | **Year of Joining** | **Inspection Process (Y/N)?** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**---------------------------------------**

*Thank you for completing the CertPT Expression of Interest form.*

*Please return this form and CVs of prospective trainers to:* ***tesol.admin@trinitycollege.co.uk***