**TYLEC 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*

**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:*

* *TYLEC Course Director*
* *Finance/invoicing contact*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Email address** | **Telephone no.** | **Role**  |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**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**  |
|       |       |
|       |       |
|       |       |
|       |       |

Note that applications cannot be progressed unless at least two prospective tutors meet the minimum tutor requirements described in section 16.1 the TYLEC Validation Requirements.

[ ]  I have attached the CVs of all proposed course directors and tutors (please check box)

**Organisation status** (Tick all that apply):

[ ]  Independent Sector / Private language School

[ ]  State sector

[ ]  Further education

[ ]  Higher education

[ ]  Other:

**Company number:**

Please provide a statement to indicate your organisation’s Equal Opportunities policy in relation to gender and sexual orientation, ethnicity, religion and beliefs (see TYLEC Validation Requirements, Section 7.5):

**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:

**Location address/es:**

[ ]  Course management & administration address

[ ]  Venue 1 address

[ ]  Venue 2 address

[ ]  Venue 3 address

**Contact telephone number:**

**Contact email address:**

**B1: Prospective TYLEC 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?

|  |  |
| --- | --- |
| **Delivery format** |       |
| **Reason** |       |

2. Expected trainee profile, eg university student, study abroad student, local teacher cohort

|  |  |
| --- | --- |
| **Trainee profile** |       |

3. Anticipated length of course *and* details of trainee participation e.g. Mon – Fri, 2 evenings per week, etc.

|  |  |
| --- | --- |
| **Course Length** |   |
| **Session days & times** |  |

4. Anticipated number of courses per year

|  |  |
| --- | --- |
| **Course numbers** |   |

5. Brief description of anticipated Teaching Practice (TP) arrangements, when TP will take place within course (i.e. throughout, end of course bloc) and delivery method (on-line F2F). Also include source of learners for TP and learners’ approx. ages.

|  |  |
| --- | --- |
| **TP arrangements** |   |

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

1. Give the approximate number of language students you enrol each year in each of the following categories:

Beginner:

Intermediate:

Advanced:

2. Indicate the age groups at your school:

1. Under 12 years old: Yes/No
2. 12-16 years old: Yes/No
3. 16-25 years old: Yes/No
4. 25 yearsold +: Yes/No

3. Give the students’ area/s of language learning (e.g. general English, English for specific/academic purposes):

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

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

**C2. Your organisation: Teacher education**

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

|  |
| --- |
|  |

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)?

***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)?

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)?** |
| eg British Council, EAQUALS, IATEFL |       |       |
|       |       |       |
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**---------------------------------------**

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

*Please return to: tesol.admin@trinitycollege.co.uk*