**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 the Teacher Development Team at Trinity College London for approval by the Head of TESOL Qualifications 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.

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

**Contact Details: Course Management & Administration**

1. **Organisation name:**
2. **Trinity centre number (if applicable):**
3. **Full address:**
4. **Website:**
5. **Course management contacts:**

*Please ensure you identify the following:*

* *CertPT Course Director*
* *Finance/invoicing contact*

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

**6. Proposed tutoring staff**

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

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.

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

**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** |       |       |       |

**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:**

**About Your Organisation**

*Please provide a short statement for the following sections, where relevant sections. For sections where we are asking for information that is not relevant or applicable to your organisation, please indicate this by writing ‘N/A’.*

1. **Company registration details:**

*Please provide at least one of the following. Where only the year the organisation was established is available, evidence of this must be supplied with this form.*

|  |  |
| --- | --- |
| **Company registration number** |       |
| **Fiscal Code/VAT number** |       |
| **Year organisation was established** |       |

1. **Please provide us with two credit referees. For example, two suppliers with whom you deal with on a regular basis. Trinity will contact these in the course of the validation process.**

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

1. **Who is responsible for the overall management/ownership of your organisation?:**
2. **Organisation status:**

[ ]  Independent Sector

[ ]  State sector

[ ]  Further education

[ ]  Higher education

[ ]  University based

[ ]  Other:

1. **Is your organisation one of a chain of independent schools or colleges?**

[ ]  Yes

[ ]  No

1. **Is your organisation a member of a consortium?**

[ ]  Yes

[ ]  No

1. **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. Some examples are listed below:**

|  |  |  |
| --- | --- | --- |
| **Association/Scheme Name** | **Year of Joining** | **Inspection Process (Y/N)?** |
| The British Council’s Accreditation in Britain Scheme |       |       |
| European Association of Quality Language Services (EAQUALS) |       |       |
| International Association of Teachers of English as a Foreign Language (IATEFL) |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

1. **Approximately, how many English language teachers do you employ annually?:**

Thank you for completing the CertPT Expression of Interest form.

Please return this, along with the CVs of any perspective course directors and trainers, to: tesol.admin@trinitycollege.com.