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***Community Language Schools Funding Program***

**Application for Accreditation/Re-accreditation in 2018**

For assistance in completing this application form and gathering the supporting evidence, refer to the document “*Accreditation/Re-accreditation Guidelines for 2018*”.

Please complete all sections of this form, and supply all supporting documentation, even if the community language school has been accredited in previous years. Note that the same form is to be completed regardless of whether the school is seeking accreditation for the first time, or is seeking re-accreditation.

This application form is to be saved as a PDF with the filename “00\_application.pdf” and submitted to clsaccreditation@gmail.com together with the required supporting documents (which are also to be saved as PDFs and named as directed in this application form).

|  |
| --- |
| **Select one:** |
| * This application is for **accreditation** of a **new** community language school
 | * This application is for **re-accreditation** of a community language school which has been previously accredited by the Department of Education and Training.
 |

# PART A: School Details

|  |  |
| --- | --- |
| 1. School Name
 |  |
| 1. Language offered *(note that a separate application must be completed for each language offered)*
 |  |
| 1. Official school postal address
 |  |
| 1. Official school phone number
 |  |
| 1. Official school email address
 |  |
| 1. Name of school principal
 |  |
| 1. Name of contact person (for this application)
 |  |
| 1. Position of contact person with the school
 |  |
| 1. Phone number for contact person
 |  |
| 1. Email address for contact person
 |  |

# PART B: Campus Details

|  |
| --- |
| 1. Does the school meet the following requirements for “suitable premises” for *each* of its campuses?
 |
| 1. Premises, furniture and equipment are safe, clean and in good repair with adequate lighting
 | Yes 🞏 No 🞏 |
| 1. Premises include adequate outdoor areas
 | Yes 🞏 No 🞏 |
| 1. Students have access to adequate and convenient toilet facilities
 | Yes 🞏 No 🞏 |

1. Please complete this table with accurate details for each campus. Copy this table if more room is required.

**Note: Community language schools which have been previously accredited and seek to have new campuses accredited for funding purposes must contact the Department of Education and Training directly at** **community.languages@edumail.vic.gov.au** **to complete an application for a new/additional campus.**

|  |  |  |
| --- | --- | --- |
| Campus Address(es) *(supply full street addresses for each – no P.O. boxes)* | Is this campus accredited for 2017? | Number of students currently enrolled at this campus |
|  | Yes 🞏 No 🞏 |  |
|  | Yes 🞏 No 🞏 |  |
|  | Yes 🞏 No 🞏 |  |
|  | Yes 🞏 No 🞏 |  |
|  | Yes 🞏 No 🞏 |  |
|  | Yes 🞏 No 🞏 |  |
|  | Yes 🞏 No 🞏 |  |
|  | Yes 🞏 No 🞏 |  |
|  | Yes 🞏 No 🞏 |  |

# PART C: Business Authentication

|  |  |
| --- | --- |
| 1. Has the school been incorporated or registered for at least 12 months prior to submission of this application?
 | Yes 🞏 No 🞏 |
| 1. Business Name *(as appears on the school’s Certificate of Incorporation or Registration)*
 |  |
| 1. Australian Business Number (ABN)
 |  |
| 1. Banking details
 | Bank Name: |  |
| BSB:  |  |
| Account Name: |  |
| Account Number: |  |
| 1. Is the school registered for GST?
 | Yes 🞏 No 🞏 |
| 1. Is the school not-for-profit?
 | Yes 🞏 No 🞏 |

# Part D: Checklist for supporting documentation

Preparation of documentation must be completed and checked by **at least two people** from the applicant school.

Please ensure you have submitted each of the following supporting documentation in line with the accreditation/re-accreditation guidelines:

|  |  |  |
| --- | --- | --- |
| **Type of evidence** | **Filenaming convention** | **Submitted**  |
| This application form  | 00\_application.pdf | 🞏 |
| Certificate of Incorporation or Registration **(refer page 9 of guidelines)** | 01\_incorporation.pdf | 🞏 |
| School constitution, rules of the association or other governing documentation **(refer page 9 of guidelines)** | 02\_constitution.pdf | 🞏 |
| School charter **(refer page 9 of guidelines)** | 03\_charter.pdf | 🞏 |
| Evidence of suitability of premises **(refer page 9 of guidelines)** | 04\_premises.pdf | 🞏 |
| Emergency management plan **(refer page 10 of guidelines)** | 05\_emergency.pdf | 🞏 |
| Evacuation plan **(refer page 10 of guidelines)** | 06\_evacuation.pdf | 🞏 |
| First aid certificates – copies of documents as well as completed First Aid certificate template **(refer page 11 of guidelines)**  | 07\_firstaid.pdf | 🞏 |
| Working with Children checks/VIT registrations - copies of documents as well as completed WWC/VIT template **(refer page 11 of guidelines)** | 08\_workingwithchildren.pdf | 🞏 |
| Professional learning outline **(refer page 12 of guidelines)** | 09\_profdevelopment.pdf | 🞏 |
| Student attendance roll **(refer page 12 of guidelines)** | 10\_attendance.pdf | 🞏 |
| Student progress reports **(refer page 12 of guidelines)** | 11\_progress.pdf | 🞏 |
| Student supervision schedule **(refer page 12 of guidelines)** | 12\_supervision.pdf | 🞏 |
| VCE Single Study Language Provider approval **(where applicable) (refer page 13 of guidelines)** | 13\_VCEapproval.pdf | 🞏 |
| AusVELS-aligned or Victorian Curriculum-aligned course outline(s) **(refer page 13 of guidelines)** | 14\_courseoutline.pdf | 🞏 |

*We confirm that we have carefully read the guidelines and followed instructions. Each of us has checked the accuracy and completeness of information presented and have sighted ALL documents that are attached to this application. We confirm that all documents are clear and readable; are in English or contain a full English translation; are submitted in PDF form; are saved with the required filenames.*

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Name: |  |
| Role in school: |  | Role in School: |  |
| Signature: |  | Signature: |  |
| Date: |  | Date: |  |

# Part E: Principal Declaration

|  |  |
| --- | --- |
| I, (print name) |  |
| *being the Principal of the school named in this application, certify that to the best of my knowledge all information contained within this application, all statements made by the applicant, and all supporting documentation provided, is true and correct.* |
| Signed: |  |
| Date: |  |

**Queries**

For queries and assistance with completing the application form: info@esav.org.au

**Submission**

For submission of the completed application and documentation: clsaccreditation@gmail.com

**Due date for applications**

31 August 2017