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**APPLICATION FORM**

**DEPARTMENT OF JUSTICE**

**IMMIGRATION SERVICE DELIVERY (ISD)**

**in association with**

**DEPARTMENT OF FURTHER AND HIGHER EDUCATION,**

**RESEARCH, INNOVATION AND SCIENCE**

**APPLICATION TO HAVE ADDITIONAL ENGLISH LANGUAGE**

**PROGRAMMES INCLUDED IN THE ILEP\***

**Contact Details**

**Name of Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and contact details of person responsible for this application:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Details of any requested changes to the contact details published on current ILEP listings:**

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**Introduction**

This application form should be read in conjunction with the criteria set out in *Arrangements Applying to English Language Programmes 1 October 2015 (Updated 30 August 2024).* A provider may apply to have additional programmes considered for inclusion in the ILEP by completing this application form, including signed statements, and submitting the relevant documents to ISD by email to:**internationaleducationproviders@justice.ie**

Providers are required to **only** submit details of additional programmes for consideration; there is no need to re-apply in respect of existing programme listings.

**\*Please note**: This application form applies to providers with programmes **currently included in the ILEP.**

**The ILEP is closed to new providers.** Providers intending to recruit non-EEA students in the future must have gained authorisation from  [Quality and Qualifications Ireland (QQI)](http://www.qqi.ie) to use the [TrustED Ireland International Education Mark](https://www.qqi.ie/what-we-do/quality-assurance-of-education-and-training/what-is-trusted-ireland) Any questions should be addressed to the International Education Division at QQI - international.education@qqi.ie

Before submitting an application, please ensure all relevant sections have been completed:

* **Incomplete and/or inaccurate applications will not be considered.** All sections of the application form must be completed by a senior member of staff who is duly authorised by the provider to make such declarations.
* Providers may be requested to confirm information and/or provide additional documents.
* Where there are changes to teaching staff, Appendix A at the back of the form should be submitted setting out details of qualifications. (*This requirement does not apply to bodies granted statutory power to make awards under Irish law*).
* Applications and any additional information may be shared with members of the ILEP Committee.

PLEASE NOTE*: Any other information required regarding the programme(s) submitted by the provider, the award(s) to which they lead, the awarding body, or the provider may be sought by the Department of Justice/ISD from the provider and/or the awarding body as appropriate. This information will inform the decision-making process regarding the inclusion of programmes in the ILEP. Please see the ILEP criteria for further information.*

**Programme Details**

Please complete the table below in respect of all additional English language programmes/ELT awards for which inclusion in the ILEP is sought.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Programme Title | Examining / Awarding Body | Title of Award / End of Programme exam | Programme Duration (number of weeks) | Number of tuition hours per week | Entry Level | Exit Level |
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**Statements**

The following statements must be completed and agreed by all providers:

In compliance with the *Arrangements Applying to English Language Programmes,* I, (\_\_\_\_\_\_ *name*\_\_\_\_\_\_\_\_\_),am the senior academic officer in ( *provider* ) and am duly authorised to confirm that the programmes for which inclusion in the ILEP is sought:

1. are a minimum of 25 weeks in duration; offered within a seven month period with a minimum of 15 classroom tuition hours per week, excluding breaks, delivered Monday to Friday between 9am and 5pm;
2. have a defined learning pathway (i.e. a course programme), with specified learning outcomes stating the learning goals to be achieved at the end of the programme;
3. have an assessment framework aligned to the programme and its learning outcomes;
4. are subject to internal quality assurance;
5. demonstrate progression through at least one level of the CEFRL; **and**
6. are offered exclusively to students who are speakers of other languages, for whom English is not their first language, and conclude in one of the English language proficiency exams (with a specified score / grade where the exam is a system) listed in Table 1 of the criteria;  **or**
7. lead to a recognised English Language Teaching (ELT) award made by a recognised national or international awarding body.

I confirm that I will ensure that these programmes are listed on the published ILEP in advance of marketing to, or recruiting, non-EEA students.

I also confirm that an application will be submitted to QQI in respect of authorisation to use the [TrustEd Ireland International Education Mark](https://www.qqi.ie/what-we-do/quality-assurance-of-education-and-training/what-is-trusted-ireland).

**Name and Title / Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature[[1]](#footnote-1):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statement regarding changes of circumstances**

The following statement must be completed by ALL applicants:

I, ( *name*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) of (\_\_*provider*\_\_\_\_\_\_\_\_\_\_), in compliance with the criteria and requirements set out in *Arrangements Applying to English Language Programmes*, am duly authorised to confirm that:

Any changes of circumstances to those included in this application form will be communicated to ISD within 5 working days of such changes taking place. I understand that failure to do so may result in all programmes being removed from the ILEP.

I understand providers must disclose any changes to ownership, shareholdings, directorships, or governance and/or any change to its status which impacts upon its ability to continue to meet the criteria for inclusion of programmes in the ILEP. Failure to do so, or the provision of false or misleading information, will result in this application being refused and programmes may be removed from the ILEP. Iconfirm that the information contained in the signed compliance statement, submitted in support of the programmes currently listed on the ILEP, remains unchanged in relation to:

* Provider Ownership, shareholdings, directorships, and Governance
* Student Services and Student Protections as set out in the criteria
* Premises and Related Resources
* Student Profile and Track Record

I confirm that ISD has been notified with regard to **any** changes to the arrangements set out in documentation previously provided. Where these documents are out of date, I confirm I attach updated documentation in support of this application. I also confirm that any changes of teacher qualifications have been submitted to ISD.

**Name and Title / Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix A (to be completed by the provider)**

|  |  |  |
| --- | --- | --- |
| **Name of Teacher** | **Level 7 NFQ or equivalent award** ***(Please include title of award, level, year achieved, awarding body & country)*** | **Recognised ELT Cert(*Please include year achieved, name of awarding body & country*)** |
| **Director of Studies[[2]](#footnote-2):** |  |  |
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**Name of Director of Studies (should be included in the above table):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I**, (\_\_***name***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_), of (\_\_***provider­­­­***\_\_\_\_\_\_\_\_), in compliance with the criteria contained in *Arrangements Applying to English Language Programmes*, am duly authorised to confirm that the above information is correct and that any changes to staffing arrangements will be communicated to ISD within 5 working days of the changes taking place. I further confirm that all documents referred to above are available for inspection at any time. I also note that where high instances of teacher turnover are present, providers will be subject to greater scrutiny by ISD.**

**Name and Title / Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Digital/scanned signatures will be accepted. [↑](#footnote-ref-1)
2. All academic management staff must have a minimum of five years’ recent and consecutive experience in English language teaching of adults, details of this experience must be supplied to ISD when a new DoS is appointed. [↑](#footnote-ref-2)