

**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 provider details 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 28 February 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**

**\*** This application form applies to providers with programmes **currently listed in the ILEP.**

Providers without programmes listed on the ILEP should complete the form for new applicant providers: ‘Application Form- New Providers of English Language Programmes’ available on the ISD website.

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

Requests for minor changes to existing programme listings should be submitted separately to **internationaleducationproviders@justice.ie** identifying the current listing as it appears on the ILEP, including the programme reference number, and setting out requested changes.

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

* Incomplete and / or inaccurate applications will not be considered. All sections of the application form must be signed and dated by a senior member of staff duly authorised to make such declarations.
* Providers may be requested to confirm information and/or provide additional documents at any time.
* Any time there are changes to teaching staff, Appendix A should be submitted and details of qualifications included. (*This requirement does not apply to bodies granted statutory power to make awards under Irish law*)
* Applications and 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 will be sought by the Department of Justice 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:

* 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;
* 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;
* have an assessment framework aligned to the programme and its learning outcomes;
* are subject to internal quality assurance;
* demonstrate progression through at least one level of the CEFRL; **and**
* 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**
* 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 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 International Education Mark (IEM) at the earliest opportunity.

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

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 Protectionsas set out in the criteria
* Premises and Related Resources
* Student Profile and Track Record

I further confirm that **all** supporting documentation provided with the original application remains up-to-date. 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:** |  |  |
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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**