British Council Turkey

IELTS partnership programme

Application form

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| № | Questions | Answers |
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| **General information on entity** | | |
|  | Organisation name |  |
|  | Organisation brand name (if applicable) |  |
|  | Parent organisation (if applicable) |  |
|  | List of branches (if applicable) including name and city |  |
|  | Registration address |  |
|  | Office location including city, street address |  |
|  | Postal code |  |
|  | Links to website and social media channels (Facebook, Instagram, Telegram, etc.) |  |
|  | Registration date |  |
|  | Tax identification number (INN) or VAT number |  |
|  | Authorised person to sign the Agreement, title, name and surname |  |
|  | Authorised person’s contact details: phone, email |  |
|  | Contact person communicating with the British Council: title, name, surname and position |  |
|  | Contact person’s phone number and email |  |
| **Information on educational programmes** | | |
|  | Please describe why you want to become a partner and how you will reach the minimum of 50 registrations per year |  |
| 1. 1 | Please describe any types of activities your organisation is doing in the field of education, including educational programmes if applicable |  |
|  | Are the types of activities related to teaching? Yes/No |  |
|  | Are the types of activities related to IELTS preparation courses? Yes/No |  |
|  | If you answered yes to question 18, please indicate the average duration of IELTS preparation course |  |
|  | The average number of IELTS preparation groups at one time |  |
|  | The average number of IELTS preparation group in one year |  |
|  | The average number of students within one IELTS preparation group |  |
|  | Number of tutors in IELTS preparation courses |  |
|  | Minimum qualification of tutors in IELTS preparation courses |  |
|  | Teaching experience of tutors in IELTS preparation courses |  |
| **Additional information** | | |
|  | Please describe which quality assurance system you use (e.g. peer review, class observations) |  |
|  | Do you practice any independent evaluation system of the courses you run? |  |
|  | Do you practice any independent evaluation system of the course materials? |  |
|  | How do you measure the quality of customer satisfaction (e.g. focus groups, questionnaires)? |  |
|  | Other – please outline any further information that you think will strengthen your application |  |

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| Full name of Authorised person:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  (D/M/Y) | Signature of Authorised person:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place for the STAMP |