

**DEPARTMENT OF EDUCATION AND EARLY CHILDHOOD
DEVELOPMENT (DEECD)
2011 COMMUNITY LANGUAGES SCHOOLS PROGRAM**

Application for funding support

Please complete, sign and return this application form, as soon as possible but no later than **29 April, 2011** to:

Mr Kypros Kyprianou
Senior Project Officer, Community Languages Schools
Languages and Multicultural Education Resource Centre (LMERC)
150 Palmerston Street
CARLTON 3053

Before completing this application form it is important that you read the attached guidelines. Compliance with these guidelines will determine the outcome of your application.

You should keep a copy of the completed application form for your own records.

If you require any further information, or wish to discuss any of the questions, please contact Mr Kypros Kyprianou by telephone on (03) 9349 2861.

1*. Applicant's details

Incorporated name:
.....

Address:
.....Postcode:

Telephone:Facsimile:

Mobile:

E-mail:

Australian Business Number (ABN):

Information provided in this submission which is marked by an * could be released to the public if requested. Please state your preference below.

YES I agree

NO I do not agree

OFFICE USE

~~2. Please provide details of two applicants who will take responsibility for this application.~~

Applicant 1

Mr Mrs Ms Miss Dr Rev Father Sister Other _____ (Please circle)

Family name _____ Given names _____

Address _____

Telephone _____ (home) _____ (work)

What position does Applicant 1 hold in this organisation or community group?

I certify that the information in this application is true and correct and that the community-based after hours school is operating on a non-profit making basis.

Signature of Applicant 1 _____

Applicant 2

Mr Mrs Ms Miss Dr Rev Father Sister Other _____ (Please circle)

Family name _____ Given names _____

Address _____

Telephone _____ (home) _____ (work)

What position does Applicant 2 hold in this organisation or community group?

I certify that the information in this application is true and correct and that the community-based after hours school is operating on a non-profit making basis.

Signature of Applicant 2 _____

3. Language(s) taught at the community languages school:

1. 2.

4. Does the school have an agreement with any mainstream school to provide tuition for the students from the mainstream school? **Yes / No**

If **yes**, please indicate the school(s) and numbers of students involved and the terms of any such agreements eg. in return for free accommodation at the school.

Please note that these students must not be included in question 8.

School(s)	No. of students

5. Provide the banking details for your organisation/school **only** if they have changed since September 2010.

Account name:

Bank name:

BSB no: **Account no:**

6*. Is your Community Language school an Accredited VCE Provider with the Victorian Curriculum and Assessment Authority (VCAA)?

Yes/No - Please circle as appropriate.

If yes, please attach copy of certificate issued by VCAA for 2011. (Refer to Attachment A)

7. In which year did your school begin classes for the first time?

(Applies to schools which submit for funding for the first time in 2011)

Month Year

8. What is the total number of students for whom you are claiming funding in 2011?

9* Tuition fee structure for your school for 2011.

- 1st student within a family: \$..... 2nd student within the same family: \$.....
- 3rd student within the same family: \$..... 4th student within the same family: \$.....
- 5th student within the same family: \$.....

10. Estimated total tuition fees for your school for 2011: \$.....

11. Average tuition fee per family for 2011: \$

12*. Please list the number of students enrolled at each year level

Prep:____, Gr1: _____, Gr2: _____, Gr3: _____, Gr4: _____, Gr5: _____, Gr6: _____

Yr7: _____, Yr8: _____, Yr9: _____, Yr10: _____, Yr11: _____, Yr12: _____

13*. Location and day/s the classes operate. Please provide details.

Campus address	Nos of students	Day of operation	Hours of operation	DEECD Region	Local government area
<i>Caulfield PS Glenhuntly Rd South Caulfield</i>	76	<i>Saturday</i>	<i>9.00-1.00</i>	<i>Southern</i>	<i>Glen Eira</i>

14. Is your school/organization applying for funding for students attending a **new** campus? YES NO . Have you received approval from DEECD for the new campus? YES NO If YES please provide details.

Campus address	Nos of Students	Day of operation	Hours of operation	DEECD Region	Local government area

15*. What is the average language instruction time for each class per week? (DO NOT include instruction in other areas of the curriculum, conducted in the language) Circle as appropriate.

Less than 2.5 hours 2.5 hours 3 hours 4 hours 5 hours 6 hours or more

16. If the Community Language school/organisation/community group hires the venue, what is the current rental cost per annum? \$_____ for _____ rooms.

Do you hire: Government schools buildings? Catholic or independent schools buildings? Other? Please tick appropriate box.

17. What professional development activities did your staff participate in during 2010?

Please list/describe the professional development activities.

18*. Teacher qualifications:

Number of VIT Registered teachers	Number of teachers with overseas/interstate teaching qualifications	Number of teachers without teaching qualifications _____
Primary _____ Secondary _____	Primary _____ Secondary _____	How many have completed a minimum 25 hours tertiary LOTE Methodology program?

Forms which have not been completed in full will not be processed and will be returned to the applicant