



New Centre Application Form

June 2009



Centre Details

Name of Centre: _____

Location: _____

When Founded: _____

Local Education Authority: _____

Outside validating bodies: _____

Name of Principal: _____

Name of person responsible for proposed programme(s): _____

Number of students attending programmes in the college: _____
(Full time) (Part time)

Do you wish to operate: full time course part time course

Do you wish to operate: First year only
 First & second year
 First year on a cyclical basis

Teaching hours allocated per week if full time course: _____

Teaching hours allocated per week if part time course: _____

Description of college facilities, including library, provision for access to Information Technology (etc.), Computerised Accounting Packages available to students?



Note: It is the responsibility of both the lecturer and the college to ensure that each lecturer fulfils his/her continuous professional development requirements.

Please outline intended provision for areas such as conduct of course, arrangements for lectures, tutorials, assignments etc:

Existing Programmes

Details of programmes already provided by the college (nature of courses, how long operating, successes etc.):



Any additional information pertinent to your application:

(Please enclose an up-to-date college brochure/prospectus)

For and on behalf of

Name of College

Name

Position

Date

College Stamp

