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# SACE International Program Application

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| Name of school/educational institution |  | | |
|  | Please provide the name of the school/educational institution that is proposed to be a SACE International Centre, and the name of the Company supporting the application (if applicable). | | |
| Please provide information about the school/educational institution that is proposed to be a SACE International Centre (e.g. history, mission, governance structure). | | |
| Please comment on the reputation of the school/educational institution. | | |
| Please provide some information about the Company (if applicable) supporting the application (e.g. Trading Name, registration number, nature and level of involvement in this program). | | |
| Proposed SACE International Program |  | | |
| Please tick what type of SACE International Program is envisaged at the school/educational institution. | Please tick what type of SACE International Program is envisaged at the school/educational institution:  Stage 1 SACE International  Stage 2 SACE International  Stage 1 and 2 SACE International | | |
| Please provide a rationale for the introduction of the SACE International Program into the school/educational institution. | | |
| The school/educational institution |  | | |
| School/educational institution prospectus | Please provide links to public information on the school/educational institution. | | |
| Scope of teaching | Please list the classes/year levels that are currently offered in the school. | | |
| Enrolment numbers | Please list the number of students currently enrolled in the school/educational institution (at the particular year levels). | | |
| Does the school/educational institution offer other:   * Pre-university programs? * University foundation programs? * If yes, what is the size of student cohort? | Please list the senior secondary educational programs that may already being offered in the school/educational institution. | | |
| Please include the size of the student cohorts undertaking these already existing senior secondary educational programs. | | |
| What is the timeline for implementation of the SACE International? | Please provide information about the intended and likely timelines for the introduction of the SACE International program. | | |
| Teachers and professional staff | Please provide, in general terms, information about the teaching staff and the professional staff (e.g. expectations of qualifications and teaching experience required; recruitment processes for teachers). | | |
| Languages of instruction | Please list the languages in which the students are taught. | | |
| Access to information technology | What access to information technology/internet do students and teachers have? (e.g. do students have access to their own laptops?) | | |
| Library facilities | Does the school/educational institution have library facilities for students and teachers? | | |
| Science laboratory facilities | Does the school/educational institution have science laboratory facilities? | | |
| Secure examination facilities | Does the school/educational institution have secure facilities to store examination papers? | | |
| Location |  | | |
| Does this school/educational institution overlap with student catchment areas of existing SACE International schools/colleges? | Please comment on the location of the proposed SACE International Centre with respect to pre-existing SACE International schools/colleges. | | |
| Student cohort |  | | |
| Student size of intake | What is the likely size of the student cohort undertaking SACE International? | | |
| English language competence | What is the likely range of English language proficiency in the student cohort (e.g. IELTS or TOEFL likely scores). | | |
| Anticipated enrolments |  | | |
| Year/cycles 1-4 | Please provide an estimate of anticipated student numbers for the first four years of the program: | | |
| Year 1: |  | |
| Year 2: |  | |
| Year 3: |  | |
| Year 4: |  | |
| Proposed program |  | | |
| Commencement date | Please provide information about the proposed commencement date of the program. | | |
| Government approvals |  | | |
| Local government approval | Please comment on whether local government approval is being sought/or has been approved. | | |
| Regional government approval | Please comment on whether regional government approval is being sought/or has been approved. | | |
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| Contact details of school/educational institution representative ( e.g. principal or chairperson of the school Board) | | | |
| Full Name: |  |  | |
| *e.g. Mrs, Mr, Ms, Dr, Prof.* | *Given Name* | *Family Name* |
| Address: |  | | |
| Phone number: |  | | |
| Mobile: |  | | |
| Email: |  | | |
| Signature of school/educational institution representative: |  | | |
| Position Title: |  | | |
| Date: |  | | |