



**Expression of Interest Form**

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| **Date of form submission:** | | |
|  | **1. CONTACT DETAILS** |  |
| **Name of School/College:** | | |
| **Legal Registered Name of School/College: (if different from above)** | | |
| **Head of School/College (include title):** | | |
| **We are interested in becoming a Senior Years Learning Framework**  **School/College offering:**  **(please tick one only)**  Senior Years Learning Framework Standard Level   Senior Years Learning Framework Advanced Level   Both Senior Years Learning Framework Standard and Advanced Levels  | | |
| **Street address:** | | |
| **Postal address: (if different from above)** | | |
| **General School/College phone number:** ( ) - | | |
| **General School/College fax number:** ( ) - | | |
| **General email address for School/College:** | | |
| **School/College website:** | | |
|  | **2. SENIOR YEARS LEARNING FRAMEWORK PROGRAM CONTACT PERSON** |  |
| **Name of person completing this form:** | | |
| **Name of contact person/enquirer (leave blank if same as above)** | | |
| **Phone number of contact person:** ( ) - | | |
| **Email address of contact person:** | | |

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|  | **3. SCHOOL/COLLEGE INFORMATION** |  |
| **Date School/College founded or opened:** | | |
| **Type of School/College:**  **(please tick one only)**  Boys’   Girls’   Co-educational’  | | |
| **School/College Facilities:**  **(please tick one only)**  Boarding only   Day only   Boarding and Day  | | |
| **Level of School/College:**  **(please tick one only)** Combined (i.e. K-12)  Secondary   TAFE College   Other  Please specify | | |
| **Legal Status of School/College:**  **(please tick one only)** Government/State:  Private:   Other:  Please specify | | |
| **Why does your school wish to offer the Senior Years Learning Framework program?** | | |

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| **How did you first hear about the Senior Years Learning Framework program?**  Website:   Brochure:   Word of Mouth:   Other:  Please specify | | |
| **Briefly state your school/college’s philosophy or mission statement.** | | |
|  | **4. APPLICATION** |  |
| **What is your school/college’s anticipated date for submitting the application form?**  **(optional, leave blank if unknown)**  /  **(month) (year)** | | |
| **What is your school college’s target date to offer the Senior Years Learning Framework program?**  2012   2013   Other:  Please specify | | |

Return completed form to:

Senior Years Learning Framework

Project Director

Australian Council for Educational Research

Private Bag 55

Camberwell VIC 3124