



**Expression of Interest Form**

|  |
| --- |
| **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:** |

|  |  |  |
| --- | --- | --- |
|  | **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?** |

|  |
| --- |
| **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