INITIAL APPLICATION FOR AUTHORISATION TO USE THE INTERNATIONAL EDUCATION MARK: HANDBOOK FOR PROVIDERS (ELE PATHWAY)

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Contents

Preface

This guidance handbook is intended to help providers of English language education (ELE) preparing to submit an application to QQI for authorisation to use the international education mark. The document offers providers a comprehensive description of the application and assessment process. It should be read in conjunction with the following documents:

- [Code of Practice for Provision of Programmes of English Language Education to International Learners](#) (hereafter ELE Code)
- [Statutory Quality Assurance Guidelines for English Language Education Providers](#) (hereafter QA Guidelines for ELE)
- [Policy on Authorisation to Use the International Education Mark](#) (hereafter Policy on Authorisation)

References in this document to the '2012 Act as amended' encompass the Qualifications and Quality Assurance (Education and Training) Act 2012 and the Qualifications and Quality Assurance (Education and Training) (Amendment) Act 2019.

Private/independent ELE providers applying for authorisation to use the international education mark are required, as private/independent providers engaging with QQI for the first time, to demonstrate to QQI that they meet the due diligence criteria specified in regulations under section 29B(1) of the Qualifications and Quality Assurance (Education and Training) Act 2012 as amended.[1] Private/independent ELE providers applying for authorisation to use the mark are therefore required to complete an application for due diligence assessment in parallel with an application for authorisation to use the mark. The Due Diligence assessment will be managed by the QQI Provider Risk and Governance Division. Separate guidance will be made available to ELE providers to support their Due Diligence application.

To successfully achieve authorisation to use the international education mark, an ELE provider is required to:

- meet certain requirements established in the 2012 act as amended, which are summarised in section 4 of the ELE Code, General Statutory Requirements (please see **Section B1** below);
- demonstrate compliance with the principles and criteria set out in sections 5-10 of the ELE Code under section 61(1A) of the 2012 Act as amended (please see **Section B2.2** below);
- demonstrate the suitability of its quality assurance procedures, having regard to and meeting the QA Guidelines for ELE, under section 61(7) of the 2012 Act as amended (please see **Section B2.3** below).

This guidance document is intended to be used by providers for the initial application, assessment and authorisation periods which comprise two application windows. The first application window will open in 2024, and the second window will open in 2025. Each application window will remain open for 24 weeks, during which time providers will have the opportunity to prepare and submit their application.

Prior to the opening of the first application window, providers will be invited to confirm their intention to apply for authorisation to use the IEM by completing a **Confirmation of Application** form (please see **Section A2, Step 1** below). QQI will inform providers when the Confirmation of Application opens. Providers will have a fixed period of weeks in which to

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[1]   https://www.irishstatutebook.ie/eli/2012/act/28/enacted/en/pdf

confirm their intention to apply for authorisation to use the international education mark. This Confirmation of Application period **will not** form part of the 24-week period for submission of applications. The 24-week application window will begin on a fixed date to be confirmed and communicated to providers by QQI, after the Confirmation of Applications have been submitted by providers to QQI. This date will be the day on which QQI opens the QHub portal to receive applications from those providers who have previously confirmed their intention to apply for authorisation to use the international education mark (please see **Section A2, Step 2** below).

QQI will confirm and communicate to ELE providers the closing date for receiving applications at the end of the 24-week application window, at which point, the QHub portal will close, and no further applications will be accepted. Once an application is submitted, it is envisaged that the assessment process will take 30+ weeks to complete, if there are no delays. In general, the assessment process will commence following the closure of QHub to new applications. However, this may commence earlier for providers who submit their application in advance of the closure of the 24-week application window. In each case, assessment will begin in order of submission. Regardless of when an application is submitted and the different stages of the assessment process takes place, the outcomes of the authorisation process will not be finalised or communicated until all providers applying for authorisation in an application window have undergone full assessment. The announcement of authorisation to use the international education mark will be made for all authorised ELE and HE providers at the same time. Please see **Section A2** **Steps 1-6** below for details.

This handbook has two parts. **Part A, Overview of Application and Assessment Process: ELE Pathway,** describes the main elements of the application and assessment process, and **Part B, International Education Mark Application Statement: ELE Pathway**, offers guidance to ELE providers on preparing their application for authorisation to use the international education mark.

Part A
Overview of Application and Assessment Process: ELE Pathway

A1. Overview of ELE provider application process

This section describes the process of applying for authorisation to use the international education mark. There are several stages in the application process for ELE providers, beginning with provider submitting a confirmation of application and ending with the final decision of QQI's Approvals and Reviews Committee to authorise the use of the mark. A summary of these stages is set out in Figure 1 below. A detailed description of each stage of the process follows in **Section A2**.

Figure 1: Summary of the application and assessment process

A2. Step by step guide to the application process for ELE providers

Step 1: Confirmation of Application Stage

- There will be two application windows for the purpose of applying for authorisation to use the IEM. The first window will open in 2024, and the second window will open in 2025.
- To apply for the mark during the first application window in 2024, a provider must confirm its intention to apply via the Confirmation of Application form. QQI will inform ELE providers when the Confirmation of Application form becomes available and confirm the closing date by which it must be submitted. The same confirmation of application process will be followed in the 2025 application window.
- ELE providers will complete the Confirmation of Application form. regarding the online portal, please see the IT Guide[2].
- During their completion of the Confirmation of Application form, ELE providers will be asked to nominate the individual who will have responsibility for the provider's IEM application process and the individual who will have responsibility for the provider's Due Diligence application process. An ELE provider may also nominate another individual to deputise for a nominee to cover periods of annual leave and sick leave during the application process. The individual(s) will act as the point(s) of contact with QQI and will liaise with the QQI executive throughout the assessment process to facilitate the organisation and smooth running of the process.
- The QQI executive will review the Confirmation of Application form and determine which pathway (IEM Higher Education Pathway or IEM English Language Education Pathway) the provider application will proceed through.
- QQI will inform the provider's point(s) of contact of the pathway. For further information, please see *The Policy on Authorisation,* section 5.5[3].
- QQI will confirm with providers the opening and closing dates for the 2024 application window. The period for submitting a Confirmation of Application form will **not** form part of the 24 weeks allowed to providers to submit their applications for authorisation to use the IEM.
- A provider that confirms its intention to apply for the IEM in 2024 will be admitted to the online application portal on QHub when it opens.
- A provider that chooses not to apply in the 2024 window will have the opportunity to apply in the following application window in 2025.

Step 2: Application Stage

- The ELE provider will submit an application to QQI comprising the following:

  - The Due Diligence Application Form (Please see *The Policy on Authorisation*, section 2.4.1[4]) and guidance documentation on the Due Diligence application process.
  - The IEM Application Statement (IEMAS), demonstrating provider compliance with the criteria set out in the ELE Code and the

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[2] IT Guidance Document [Link will be provided once available]

[3] Section 5.5, QQI, *Policy on Authorisation to Use the International Education Mark (*2023): available at: policy-on-authorisation-to-use-the-international-education-mark_0.pdf (qqi.ie).

[4] Section 2.4.1, QQI, *Policy on Authorisation to Use the International Education Mark (*2023): available at: policy-on-authorisation-to-use-the-international-education-mark_0.pdf (qqi.ie).

suitability of the provider's quality assurance procedures, having regard to and meeting the criteria set out in the QA Guidelines for ELE. (please see **Section B2** below). ELE providers will be asked to submit in the IEMAS dates that are **not** suitable for the site visit.
  ▪ Evidence of payment of application fee, e.g., Electronic Funds Transfer (EFT) or bank receipt.

- The QQI executive will acknowledge receipt of the application. The QQI executive will be able to offer information to the provider about the assessment process but will not act as a consultant for the preparation of the IEMAS, nor will they comment on whether or not the provider is compliant with the principles and criteria set out in the ELE Code, or whether or not the provider is meeting the criteria set out in the QA Guidelines for ELE. Assessment of compliance will uniquely be the role of the Assessment Panel.

- A **specialist ELE consultancy** has been appointed by QQI, following a public procurement process on e-tenders, to conduct the desk-based assessment of an ELE provider's IEMAS and the site visit verification. Each provider will be assigned an Assessment Panel composed of a Lead Assessor and Co-Assessor. The Lead Assessor will be responsible for the desk-based assessment and the Lead and Co-Assessors will carry out the site visit.

- QQI has established an **Internal Review Group (IRG)**, comprising the Heads of the International Education and Provider Governance and Risk Divisions, and the Directors of Corporate Services and Development. The role of the IRG will be to coordinate the different elements of the assessment, i.e., Due Diligence assessment and IEM assessment. The IRG will ensure consistency and support ELE provider applications through to the decision stage of the assessment.

Step 3: Screening Stage
- The IEMAS will be screened by the ELE specialists for completeness. Should any gaps in the information be identified or further evidence required, QQI will be informed, and they will then make a request to the provider for the required information.
- The ELE provider will have **15 working days** to respond to any gaps identified. When the 15-day period has elapsed, the application will then proceed to the assessment stage. Where, following the request for further information, no response is received from the ELE provider within the **15 working days**, the provider will be deemed to have withdrawn from the process and the application will be withdrawn by QQI. Providers deemed by QQI to have withdrawn at the screening stage will receive a refund of 80% of its application fee.
- In circumstances where a response to the request for further information is received from an ELE provider but it is not complete, the application will then proceed to the assessment stage.
- For information on the circumstances in which an ELE provider may apply for an extension to the established deadlines, please see **Section A5.3** below.
- An ELE provider may withdraw from the IEM authorisation process at the screening stage. If a provider withdraws during the screening stage, it will be entitled to an 80% refund of its application fee. The provider may then reapply in

the next application window in 2025. For further information about the withdrawal process, please see **Section A5.4** below.

Step 4: Desk-Based Assessment Stage

- The Lead Assessor will conduct a detailed desk-based assessment of the ELE provider's IEMAS. Further information regarding the desk-based assessment can be found in **Section A5** below.
- The Lead Assessor may request additional information from the provider in an Outstanding Queries Report. The provider will have **15 working days** to respond to the request for outstanding queries. The assessment will then proceed to the Site Visit Verification Stage.
- Where, following a request for further information, no response is received from the ELE provider, the provider will be deemed to have withdrawn from the process and the application will be withdrawn by QQI. Providers deemed by QQI to have withdrawn during this stage will not receive any refund of their application fee. For information about the circumstances in which an ELE provider may apply for an extension to the established deadlines, please see **Section A5.3** below.
- In circumstances where a response is received from an ELE provider, but it is not complete, the application will then proceed to the Site Visit Verification Stage.
- The Co-Assessor will be confirmed for the site visit.
- The Lead and Co-Assessor will meet to discuss the desk-based report findings and to plan the site visit.

Step 5: Site Visit Verification Stage

- The Lead Assessor and Co-Assessor will carry out a site visit to the ELE provider to verify provider compliance with the ELE Code and to demonstrate the suitability of its quality assurance procedures, having regard to and meeting the QA Guidelines for ELE.
- The site visit will take place at the provider's main centre, including temporary classrooms,[5] and will be 1-3 days in duration, depending on the size of the ELE provider, which will be determined by the QQI executive at the time of the submission of the provider's Confirmation of Application.
- The provider will receive a minimum of **20 working days'** notice of the site visit.
- Notification of the site visit date(s) and a site visit schedule template will be sent to the provider along with the Outstanding Queries Report (please see **Step 4** above).
- The ELE provider will acknowledge receipt of notification of the site visit date(s) and the site visit schedule template, confirm the date(s) for the site visit and send a suggested site visit schedule to QQI within **5 working days** of receipt. Please see the site visit schedule template in **Appendix Four**, a sample 2-day site visit schedule in **Appendix Five**, details of meetings and activities the ELE provider should include

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[5] Definition of 'centre' in the context of ELE: an ELE provider's main centre is defined as the premises where the main administrative and academic functions and teams are located. The main centre may operate out of one or more buildings within the same town or city but an ELE provider may only have one main centre within one town or city. Administrative and academic functions and teams must be replicated in each building as appropriate to learner and staff needs. A temporary centre is defined as a centre that is used at certain times of the year e.g., during the summer, whether within the same town or city or in another town or city in the state. Administrative and academic functions and teams must be located at temporary centres as appropriate to learner and staff needs. Temporary classrooms are defined as spaces that are suitable for temporary ELE provision as required. Administrative and academic functions and teams appropriate to learner and staff needs must either be located in the same building as the temporary classrooms, or at the main centre. Temporary classrooms must be located within a 1km distance from the main centre. Any centre that is located in another town or city to the main centre is defined as a separate centre.

in the site visit schedule in **Appendix Six,** and a list of documents to be inspected during the site visit in **Appendix Seven.**

- The QQI executive will confirm the site visit schedule with the Lead Assessor, who may suggest changes to the schedule.
- Suggested changes will be sent by the QQI executive to the provider, who will confirm the amendments within **5 working days**.

- The site visit will include:

  - Tour of premises. An inspection of the premises will take place throughout the site visit.
  - Meetings with the Senior Management Team (SMT), key members of the administrative team and key members of the academic team.
  - Separate focus group meetings with representative teachers/teacher trainers (representing the range of qualifications and experience of the teaching/training team), administrative team (representing the range of qualifications and experience of the team) and activities team and learners (representing the diversity of the learner body and range of programmes offered).
  - Phone calls with representative accommodation providers, representing the range of accommodation provided (if applicable). If a closed group is enrolled during the site visit, providers may wish to include a focus group meeting with group leaders.
  - Quality monitoring observations: 20-minute observations of lesson segments, with the assessors aiming to observe a minimum of 60% of all teachers, representing all types of lessons delivered at the ELE provider on the day(s) of the site visit, and to observe a complete range of the current teaching/training team in terms of qualifications and experience. If the centre is large or the site visit takes place during the peak summer period, it may not be possible to observe 60% of all teachers, but the Assessors will aim to observe as many as possible during the site visit. The Assessors will select lessons to observe from the schedule for the week of the site visit.
  - Review of documentation not submitted as part of the IEMAS, e.g., teaching schedules for each teacher for the week of the site visit, teacher/trainer and administrative staff qualifications and contracts, job descriptions, learner attendance records, completed class work and assessment records. Please see **Appendix Seven** for a list of documents to be inspected during the site visit.

Follow up meetings may be requested by the Assessors during the site visit, as needed, and a meeting slot should be put on the schedule template, timetabled towards the end of the site visit, for this purpose. Members of the senior management team and key members of the administrative and academic teams should be available to meet with the Assessors for the duration of the site visit.

- Any additional information requested during the site visit should be uploaded to QHub. The deadline for uploads will be confirmed by the Assessors during the site visit and this deadline will be up to a maximum of **5 working days** following the site visit.

- The site visit will conclude with a feedback meeting, where a summary of the site visit findings will be communicated to the provider. This meeting will be with the senior management team, as well as any other members of staff that the provider wishes to invite. The aim of this meeting is to discuss findings from meetings, observations and documentation inspected during the visit. It is not to discuss the outcome of the desk-based assessment, nor any final decisions regarding authorisation.

Following the desk-based assessment and site visit verification, an assessment report will be completed, comprising the findings and conclusions drawn from the desk-based assessment and the site visit verification. The Lead Assessor will be responsible for the completion of the report, with contributions from the Co-Assessor. The report will be moderated by the ELE consultancy Head of Quality Assurance.

Step 6: Decision Stage
- The assessment report will be uploaded to QHub.
- The QQI executive will ensure that the Assessment Panel findings are backed by adequate and identifiable evidence, and that the assessment report provides information in a succinct, consistent and readily accessible form.
- The assessment report will be finalised and signed off by the QQI Internal Review Group (IRG).
- The assessment report will be sent to the provider to conduct a factual accuracy check and to formally respond to the assessment report. The ELE provider's response must be submitted within **15 working days** of receipt of the report.
- The QQI executive will consider the provider response to the factual accuracy check and make minor amendments to the assessment report, if necessary.
- The QQI executive will prepare the assessment documentation, including the findings from the Due Diligence Assessment, for submission to QQI's Approvals and Reviews Committee.
- The final assessment report and the ELE provider's response will be submitted to the Approvals and Reviews Committee (ARC) for a final decision.

A3. Approvals and Reviews Committee outcomes
There are three possible outcomes to an ELE Provider's application, and they will be expressed as one of the following: authorised to use the international education mark, authorised to use the international education mark with conditions, or not authorised to use the international education mark.

A3.1 Outcome One: Authorised to use the international education mark
- The Approvals and Reviews Committee decides that the ELE provider is authorised to use the international education mark.
- QQI will notify the ELE provider and the panel of the QQI Committee's decision.
- QQI will update the Irish Register of Qualifications (IRQ) to reflect the fact that the ELE provider is authorised to use the mark.
- QQI will publish the Approval and Reviews Committee's decision, the final report and the ELE provider's response.

A3.2 Outcome Two: Authorised to use the international education mark with conditions

- The Approvals and Reviews Committee decides that the ELE provider is authorised to use the international education mark with conditions, including timelines for the fulfilment of these conditions.
- QQI will notify the ELE provider and the panel of the QQI Committee's decision.
- QQI will update the Irish Register of Qualifications (IRQ) to reflect the fact that the ELE provider is authorised to use the mark.
- QQI will publish the Approvals and Reviews Committee's decision, the final report and the ELE provider's response.
- Where an ELE provider fails to comply with the conditions of authorisation by the specified deadlines or fails to engage with QQI, the provider's authorisation to use the international education mark will be withdrawn.

A3.3 Outcome Three: Not authorised to use the international education mark

- The Approvals and Reviews Committee decides that the ELE provider is not authorised to use the international education mark.
- QQI will notify the provider and the panel of the QQI Committee's decision.
- A provider may appeal a decision using the statutory appeal process. For further information, please see QQI's appeals process[6]. The appeals process must be fully completed before a provider may reapply for authorisation to use the international education mark.
- ELE providers may reapply for authorisation to use the IEM in the next available application window

A4. Assessors

QQI has appointed a specialist ELE consultancy, through a public procurement process on e-tenders, to carry out the desk-based assessments and site visit verifications of ELE providers who apply for authorisation to use the international education mark. An assessment panel of two Assessors from the specialist ELE consultancy assessment team will be established to assess each ELE provider's International Education Mark Application Statement (IEMAS) and to carry out the site visit verification. In each case, the ELE provider will have the opportunity to comment on the proposed composition of the Assessment Panel to ensure there are no potential conflicts of interest. QQI will have final approval over the composition of each assessment panel.

The two-member Assessment Panel will consist of a Lead Assessor and Co-Assessor, both of whom will be suitably qualified and experienced, and trained to carry out assessments of ELE providers who apply to QQI for authorisation to use the IEM.

A4.1 The Assessors' roles

The Assessors have expertise in English language education, as well as prior experience in the assessment of quality assurance of language centres.

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[6] https://www.qqi.ie/appealing-a-decision-made-by-qqi

Lead Assessor

The Lead Assessor will manage the assessment, including the site visit, and will be responsible for conducting the desk-based assessment and for writing the assessment report.

Co-Assessor

The Co-Assessor will coordinate with the Lead Assessor before and during the site visit and will contribute to the writing of the assessment report.

A4.2 Criteria for membership of the assessment panel

The principles of competence and independence will be exercised when confirming the assessment panel.

Competence

The provider and its stakeholders must have confidence that the assessment is being conducted by competent ELE experts who have appropriate levels of experience and knowledge, and who can offer an informed, expert opinion on the provider's demonstration of compliance with the ELE Code and the suitability of the provider's quality assurance procedures, having regard to and meeting the criteria set out in the QA Guidelines for ELE.

Independence

An assessment panel must arrive at its decision in an independent manner, free of influence from the provider and of other interests. Stakeholders must have confidence that the assessment has been conducted by independent ELE experts. It is important that the assessment panel engages in the assessment process without any conflict of interest, or the perception of any conflict of interest. It is in the provider's interest that its assessment be conducted in a transparent manner by independent ELE experts, and that it validates the ELE provider's compliance with the ELE Code and the suitability of the provider's quality assurance procedures, having regard to and meeting the criteria set out in the QA Guidelines for ELE. No communication should be made by an ELE provider with the Assessors at any stage during the process, apart from the meetings during the site visit. All communications will be managed by QQI.

A4.3 Conflicts of Interest

The assessment panel selected for each assessment will be asked to declare any potential conflict of interest prior to selection. The ELE provider will also be asked to declare any potential conflicts of interest that members of the assessment panel may have with the provider.
Where a potential conflict arises during the process, an ELE provider must declare this to the QQI executive as soon as possible. QQI may make adjustments to the assessment panel membership in such cases. QQI will have final approval over the composition of each assessment panel.

Independence could be compromised, or be perceived to be compromised, if Assessors were to:

- hold a current appointment with the provider (e.g., existing consultant);

- hold a membership, or recent membership, of the QQI Board or any of the sub-committees of QQI;
- be currently engaged in the ELE sector in Ireland, e.g., be language centre owners, existing directors, managers, directors of studies/academic managers, teachers/trainers, consultants of individual providers, or be otherwise currently engaged/employed by an ELE provider;
- have any other potential conflict of interest with the ELE provider.

A5. Assessment of International Education Mark Application Statement (IEMAS)

A5.1 Assessment panel considerations and questions

In conducting the desk-based assessment, the Lead Assessor will consider the general approach taken by the provider to the self-assessment process. To assist the Lead Assessor in this task, the ELE provider should include a brief description of the IEMAS preparation process, confirming the author(s) of the report; whether external expertise was sought, and if so, in what capacity; what internal and external stakeholders were consulted with; the manner in which the IEMAS was approved by the ELE provider at an institutional level (specifying, in particular, whether this was at senior management level, through the provider's governance structures or both); and the extent to which the IEMAS has been disseminated within the ELE provider's community.

In considering the ELE provider's IEMAS, the Lead Assessor will ask the following questions:

- Does the IEMAS clearly establish which principles and criteria in the ELE Code and which criteria in the QA Guidelines for ELE apply to the ELE provider, and which do not (and why they do not, if relevant)?
- Does the IEMAS clearly establish which ELE Code criteria the ELE provider complies with fully and which QA Guidelines criteria the ELE provider fully meets?
- Does the evidence submitted adequately demonstrate full compliance and the suitability of the provider's quality assurance procedures?
- Does the IEMAS clearly establish which ELE Code criteria the ELE provider complies with partially and which QA Guidelines for ELE criteria the provider partially meets?
- Does the evidence submitted adequately demonstrate partial compliance or partial suitability of quality assurance procedures?
- In cases where the ELE provider is partially compliant with certain ELE Code criteria or partially meets certain QA Guidelines for ELE criteria, has the ELE provider established realistic plans to achieve full compliance of ELE Code criteria and/or fully meet QA Guidelines for ELE criteria within the permitted QQI timeframes, where required? (please see Sections **B2.2.2** and **B2.3.2** below)
- Are the ELE provider's plans to achieve full compliance of ELE Code criteria and to fully meet QA Guidelines for ELE criteria sufficient to frame appropriate conditions of authorisation to use the IEM?

This initial analysis sets the groundwork for the pre-site visit assessment panel meeting, allowing the panel to begin the process of identifying issues and areas that may require further investigation or clarification during the site visit.

A5.2 Site Visit

The site visit will be conducted by the Lead Assessor and Co-Assessor and will take between 1-3 days, depending on the size of the ELE provider. Once the dates and the visit schedule have been confirmed, arrangements will be made for the site visit. Accommodation for both Assessors will be reserved, and all accommodation costs will be met by the provider[7]. Details of the reservation of accommodation should be submitted along with the site visit schedule. The Assessors should be provided with a lockable meeting room at the centre for the duration of the site visit. This room may also be used for meetings during the site visit, if suitable. Refreshments and lunch for Assessors (whether on-site or off-site) should be provided by the provider during the site visit. Off-site lunches should be booked within a 5-minute walking distance from the centre.

A5.3 Extensions

ELE providers are expected to meet the deadlines as determined by QQI. However, individual ELE providers may experience certain difficulties, for example, bereavement, serious illness or a medical emergency, which may adversely affect their ability to meet particular deadlines. QQI is committed to making appropriate provisions for providers who may need special consideration in such circumstances, while at the same time maintaining the rigour and fairness of the overall IEM authorisation process.

An ELE provider that experiences difficulties in meeting the set deadlines is expected to advise QQI of any circumstances that affect its application for IEM authorisation. Requests for extensions due to extenuating circumstances are treated confidentially. All requests for extensions due to extenuating circumstances must be submitted as closely as possible to the time the circumstances occurred. Providers are required to identify the outcome they are requesting in order to enable them to attend to the extenuating circumstances. There are two permitted outcomes:

- An extension of a deadline will be permitted for a period of **up to 72 hours** following the submission deadline. This can be granted by the QQI executive assigned to the provider to manage their IEM assessment.
- An extension of a deadline for a period of **up to 10 working days**. This can be granted by the QQI Internal Review Group (IRG).

In the case that an extension is granted, the composition of the Assessment Panel may change; in this case, providers will be noted of this change and conflict of interest procedures will be followed, as outlined above in **Section A4.3**.

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[7] Providers must reserve accommodation for the Lead and Co-Assessors in a hotel that is, at a minimum, rated 3-star. Each Assessor should have their own ensuite room with a desk and reliable Wi-Fi, and the reservation must include breakfast. The accommodation should be within easy walking distance to the provider, unless this is not possible, e.g., if the provider is based outside an urban area. In the case that a provider is based outside an urban area, the provider will be responsible for providing a return transfer from the accommodation to the centre throughout the site visit. If there is no suitable hotel accommodation available, providers should reserve equivalent accommodation at a bed and breakfast, i.e., three-star equivalent at a minimum, with ensuite room for each Assessor with a desk and reliable Wi-Fi. Providers will not be required to pay for any additional expenses incurred by Assessors, e.g., room service or laundry services.

A5.4 Withdrawing from the IEM application and assessment process

ELE providers may withdraw from the application process at any point from before the completion of screening stage up to the end of the assessment phase.

- The withdrawal will only be processed if it is submitted through the application portal by the ELE provider.
- Where an ELE provider withdraws the application following submission of the application, and prior to the screening stage, it will receive a refund of 80% of the application fee.
- Where an ELE provider withdraws the application before the end of the screening phase, it will receive a refund of 80% of the application fee.
- Where a provider withdraws at any time following the screening phase, it will not receive a refund.
- If the ELE provider withdraws the application, it may reapply in the next application window and/or when there is capacity for applications to be processed.
- The ELE provider will be required to pay the full application fee for any subsequent application for authorisation to use the international education mark.

A6. Assessment report

A6.1 The purpose of the assessment report

Following the desk-based assessment process, and the site visit verification of the ELE provider's IEMAS, the assessment panel will produce a draft assessment report setting out the findings and recommendations of the assessment panel. The draft report will be prepared by the Lead Assessor, with contributions from the Co-Assessor, and agreed by both members of the Assessment Panel.

The draft report will be moderated through the ELE consultancy's internal QA procedures. Based on the findings in the draft report, the assessment panel will reach one of three recommendations:

1. The ELE provider complies with the ELE Code and demonstrates the suitability of its QA procedures with no conditions.
2. The ELE provider complies with the ELE Code and demonstrates the suitability of its QA procedures with conditions.
3. The ELE provider does not comply with the ELE Code or demonstrate the suitability of its QA procedures.

A6.2 Timing for the assessment report

The draft assessment report will be sent to the provider for a factual accuracy check (using a QQI template designed for this purpose). A formal response to the report, on the ELE provider's headed paper, will also be sought. The provider will be given **15 working days** to comment on the factual accuracy of the draft report and provide a formal response to the report.

A6.3 Factual accuracy check

The ELE provider will be given an opportunity to check the factual accuracy of the draft assessment report. It is important that the provider is aware that the accuracy checking process should be precisely that; it is not an opportunity to re-write the report. The ELE provider will be invited to identify possible inaccuracies and suggest amendments for consideration by the Assessment Panel. The ELE provider will be given **15 working days** to comment on the factual accuracy of the draft report.

A6.4 Provider response

The ELE provider will be invited to provide a formal response to the draft assessment report (ideally no longer than 2 pages in length) that will be published as an appendix to the assessment report. The provider's response should be submitted within **15 working days** and will be considered by QQI's Approvals and Reviews Committee alongside the IEM assessment report.

A6.5 The Irish Register of Qualifications (IRQ)

When an ELE provider is authorised to use the international education mark, this will be referenced on the IRQ. The IRQ will also include a list of all the ELE provider's programmes that have been assessed as part of the authorisation assessment process (please see B1.1.3).

A6.6 Publication of the assessment report

QQI will publish the assessment report and the provider's response (optional). QQI will supply pdf versions of the assessment report, which may be published on the provider's website and shared with internal and external stakeholders.

Part B
Preparation of International Education Mark Application Statement (IEMAS): ELE Pathway

B1. Statutory requirements (section 4 of the ELE Code)

To successfully achieve authorisation to use the international education mark, an ELE provider is expected to:

- meet certain requirements established in the 2012 Act as amended, which are summarised in section 4 of the ELE Code (please see **Section B1.1** below)
- demonstrate compliance with the principles and criteria set out in sections 5-10 of the ELE Code (please see **Section B2.2** below)

and

- demonstrate the suitability of its quality assurance procedures, having regard to and meeting the criteria set out in the QA Guidelines for ELE, under s61 (7) of the 2012 Act as amended, (please see **Part B section 2.3** below)

B1.1 Statutory requirements: ELE Code, Section 4

Certain requirements relating to the IEM in the 2012 Act as amended are intended to establish the eligibility of an ELE provider to apply for authorisation to use the IEM. In these instances, the ELE provider is required to demonstrate that it meets these requirements. There are three such eligibility requirements:

1.1.1 *ELE providers must have e*stablished quality assurance (QA) procedures under section 28 of the 2012 Act as amended *(ELE Code section 4.1).*

Provider quality assurance procedures will be verified as part of the assessment of the IEMAS, which self-assesses quality assurance procedures to demonstrate compliance with the criteria in the ELE Code and the suitability of its quality assurances, having regard to and meeting the criteria in the QA Guidelines for ELE.

1.1.2 *ELE providers must have established access, transfer and progress procedures under section 56 of the 2012 Act as amended. (ELE Code section 4.2)*

Access, transfer, and progression procedures will be verified as part of the assessment of the IEMAS, specifically the provider's self-assessment of compliance with the ELE Code section 4.2.

1.1.3 *All ELE* providers are in compliance with ELE Code requirements regarding the alignment of programmes with the Common European Framework of Reference for Languages (CEFR), and under section 79 of the 2012 Act as amended, information on programmes, including programmes leading to external proficiency examinations, offered by ELE providers authorised to use the IEM is provided to QQI to populate the Irish Register of Qualifications (IRQ) database (*ELE Code section 4.3*)[8]

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[8]   https://irq.ie/

Programme alignment with the CEFR will be verified as part of the assessment of the IEMAS, specifically the provider's self-assessment of compliance with the ELE Code section 7, and of meeting the criteria set out in the QA Guidelines for ELE, section 2.4.

B1.2 Specified requirements

The legislation also requires that a code of practice (in this instance the ELE Code) shall specify requirements relating to the arrangements for the protection of learners; the collection of fees from enrolled learners; requirements in relation to the tax compliance of a provider; and the establishment of policies and procedures in writing by a provider for the purposes of the management of human resources.[9] These requirements are referenced in the ELE Code in section 4.5 and will be addressed in the following manner:

- *Arrangements for the Protection of Learners* – general arrangements for the protection of the interests of learners are embedded throughout the Principles and Criteria set out in sections 5-10 of the ELE Code, and in the QA Guidelines for ELE. All ELE providers are required to meet this statutory requirement through demonstrating compliance with the ELE Code and demonstrating the suitability of its quality assurance procedures, having regard to and meeting the criteria set out in the QA Guidelines for ELE. In addition, ELE providers are also required to participate in the new statutory Protection of Enrolled Learners (PEL) scheme, which will be underpinned by a Learner Protection Fund (please see section 4.5.2 and Appendix Two of the ELE Code). The latter requirement is also referenced in criteria 9.1 (b) (vii) and 10.2 (c) of the ELE Code.
- *Collection of fees from enrolled learners* – this statutory requirement is addressed directly in criterion 4.5.1 and section 10 of the ELE Code. All ELE providers are required to meet this statutory requirement through demonstrating compliance with section 10 of the ELE Code.
- *Tax compliance of ELE providers/Establishment of policies and procedures in writing by a provider for the purposes of the management of human resources (HR)* – ELE providers will meet these requirements through demonstrating to QQI that they meet certain due diligence criteria concerning governance, finance, and compliance with the law under section 29(B) of the 2012 Act as amended (please see section 4.4 and Appendix One of the ELE Code).

B1.3   Summary of statutory requirements and actions for ELE providers

Requirement	Action by ELE Provider	Stage in Process	Location of Actions
Quality Assurance procedures	Demonstrate compliance with ELE Code criteria and suitability of provider's quality assurance procedures by having regard to and meeting criteria set out in QA Guidelines for ELE.	Provider's self-assessment of ELE Code compliance and demonstration of suitability of quality assurance procedures.	IEMAS submitted through IEM Application Portal.
Statutory ATP procedures	Demonstrate compliance with ELE Code.	ELE provider's self-assessment of ELE Code compliance.	IEMAS submitted through IEM Application Portal.
General arrangements for protecting learners	Demonstrate compliance with arrangements for learner protection embedded in ELE Code principles and criteria	ELE provider's self-assessment of ELE Code compliance and	IEMAS submitted through IEM Application Portal.

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[9]   Section 60(6) of the 2012 Act as amended.

	and in QA Guidelines for ELE criteria.	suitability of quality assurance procedures.	
Participation in statutory PEL scheme and Learner Protection Fund	Collaborate with QQI in implementation of PEL scheme and Learner Protection Fund at the appointed time (post-IEM authorisation).	N/A	N/A
Collection of fees from enrolled learners	Demonstrate compliance with section 10 of ELE Code.	ELE provider's self-assessment of ELE Code compliance.	IEMAS submitted through IEM Application Portal.
Tax compliance	Demonstrate compliance in context of statutory due diligence scheme.	Assessment of ELE provider compliance with due diligence regulations, carried out in parallel with assessment of compliance with ELE Code criteria and suitability of quality assurance procedures.	Due diligence assessment carried out on IEM Portal on QHub.

B2. International Education Mark Application Statement (IEMAS)

B2.1 Purpose of the IEMAS

The demonstration by an ELE provider of its compliance with the criteria set out in sections 4-10 of the ELE Code, and the suitability of its quality assurance procedures, by having regard to and meeting the criteria set out in the QA Guidelines for ELE, is the most substantial part of the authorisation process, and is applicable to all categories of ELE providers. Compliance with statutory requirements, the ELE Code, and demonstrating the suitability of its quality assurance procedures by having regard to and meeting the criteria set out in the QA Guidelines for ELE, will assure stakeholders, including international learners, of the provider's commitment to ensuring that its international learners receive a quality learning experience.

ELE providers who apply for authorisation to use the international education mark must demonstrate their compliance with the ELE Code criteria, and the suitability of its quality assurance procedures by having regard to and meeting the QA Guidelines for ELE criteria. They do so by undertaking a self-assessment, involving appropriate members of the ELE provider's community identified by the ELE provider itself. The main output of this self-assessment process is the IEMAS, using a template provided by QQI (please see **Appendix One**). The self-assessment process enables the ELE provider's community to determine the degree to which it complies with the relevant criteria in the ELE Code and to what extent it meets the relevant criteria in the QA Guidelines for ELE. The IEMAS enables the ELE provider to communicate the conclusions it reaches. The conclusions may also lead to a series of planned actions by the provider, based on the findings, which may be presented in the IEMAS as evidence of the provider's intent to achieve full compliance with the criteria in the ELE Code and to fully meet the criteria in the QA Guidelines at a determined future date.

The IEMAS is the core document used by the Assessment Panel in determining whether an ELE provider is compliant with the ELE Code and whether it demonstrates the suitability of its quality assurance procedures by having regard to and meeting the QA Guidelines for ELE criteria. It provides the Assessors with the documented evidence, or references to evidence, to support claims that the ELE provider complies with the criteria set out in the ELE Code and demonstrates the suitability of its quality assurance procedures by having regard to and meeting the criteria set out in the QA Guidelines for ELE. The IEMAS should therefore be clearly structured and directly focused on the criteria set out in both documents.

The subsequent site visit carried out by the Assessment Panel verifies the conclusions drawn by the provider in the IEMAS and drawn by the Lead Assessor in the assessment of the IEMAS, regarding the extent to which the provider complies with the principles and criteria in the ELE Code, and the suitability of its quality assurance procedures, demonstrated by having regard to and meeting the criteria in the QA Guidelines for ELE.

B2.2   Self-assessment of compliance with ELE Code principles and criteria

The ELE Code comprises criteria to be met by ELE providers under the following categories:

- General Statutory Requirements
- Requirements for Premises
- Operational, risk, and human resources management
- Programme design
- Supports and services for international learners
- Marketing and recruitment

- Enrolment, fees, refunds, and subsistence

All the categories above are addressed in sections 4-10 of the ELE Code. Section 4 sets out general statutory requirements. Each of the six categories in sections 5-10 is described by an overarching principle and supported by a series of criteria. The criteria set out in each of the sections 4-10 are summarised in the IEMAS template in **Appendix One**. The criteria in the IEMAS template are for illustrative purposes only. ELE providers should always refer to the criteria in sections 4-10 of the ELE Code when undertaking their self-assessment of compliance with the criteria. Each criterion in the ELE code will be assessed as 'Fully Compliant', 'Partially Compliant' or 'Not Compliant' by the Assessment Panel.

B2.2.1 Applicability of ELE Code principles and criteria to individual ELE providers

The level of adherence to the ELE Code's principles, and the extent of compliance with the associated criteria, will vary from ELE provider to ELE provider, depending on their individual circumstances and context. Not all principles and criteria will be applicable to every ELE provider. The following are examples from the ELE Code where the inapplicability of certain criteria to particular ELE providers may occur:

8.3 Learners requiring entry visas and/or immigration permissions
Criterion 8.3 (a) will not be applicable to providers who do not recruit learners who require entry visas and/or immigration permissions.

8.4 Accommodation
Criteria 8.4 (a)-(e) will not be applicable to providers who do not offer accommodation to learners.

8.5 Safeguarding
Criteria 8.5 (a)-(c) will not be applicable to providers who do not offer programmes to learners who are minors.

Where a particular criterion, or part of a criterion, does not apply to an ELE provider, the provider should state this clearly in its IEMAS by putting 'N/A' in the relevant section, with supporting evidence, as appropriate.

B2.2.2 Demonstrating compliance with applicable principles and criteria in the ELE Code

Demonstrating compliance with the ELE Code's applicable criteria should be addressed in the following manner. The ELE provider should:

- specify that it fully complies with a criterion, briefly describing how it does so, and providing links to supporting evidence in each case, such as provider policies, procedures, ELE programmes, organisational charts, published website information or other relevant documentation.

    or

- specify that it partially complies with a criterion, briefly describing how it does so (with supporting evidence, as described above) and setting out planned actions, with

realistic deadlines, which fall within QQI requirements, to achieve full compliance with the criterion;

For the purpose of authorisation of an ELE provider to use the international education mark, QQI expects full compliance with all applicable criteria on the part of the ELE provider. Ideally, full compliance with all applicable criteria will be in place at the time of an ELE provider's application. However, there may be circumstances which prevent a provider from achieving full compliance at the time of its application, as in the following examples from the ELE Code:

ELE Code, Section 6: Operational, Risk and Human Resources Management

Criterion 6.6.3 Academic staff qualifications

a) All teachers are suitably qualified and experienced to fulfil their designated role.

It may be the case that some teachers do not meet all the qualification requirements set out in Appendix Four of the ELE Code, e.g., in relation to the assessed teaching practice requirement, at the time of the provider's application. In this case, the IEMAS must include a timeline for all teachers to have met all the requirements set out in Appendix 4 of the ELE Code. Criterion 6.6.3 (a) must be fully met by the time the provider comes to submit their mid-cycle update report eighteen months following authorisation in order to continue to be authorised to use the international education mark.

b) All academic managers are suitably qualified and experienced to fulfil their designated role.

It may be the case that an academic manager is in the process of completing an English language teaching programme to meet the requirements set out in Appendix Four of the ELE Code at the time of the application. In this case, the IEMAS must include a realistic timeline for the successful completion of the programme. When the provider comes to submit their mid-cycle update report eighteen months following authorisation, evidence of partial/full completion of Criterion 6.6.3 (b) must be given, and this criterion must be fully met by the time the provider comes to submit their next IEMAS three years following authorisation in order to continue to be authorised to use the international education mark.

Criterion 6.7 Operational academic management

(e) Each teacher's schedule has a maximum of thirty sixty-minute contact teaching hours* per week at all times of the year.

This requirement will apply to all teaching staff who are recruited from the time of the ELE provider's submission of their Confirmation of Application form. This requirement will not apply to teaching staff who were recruited prior to the provider's submission of their Confirmation of Application form and who have contracts with a teaching schedule that exceeds thirty sixty-minute contact teaching hours per week. A demonstration of fuller compliance with Criterion 6.7 (a) will be required by the time the provider comes to submit their mid-cycle update report eighteen months following initial authorisation, and full compliance with this criterion will be required by the time the provider comes to submit their IEMAS for the second three-year authorisation period in order to continue to be authorised to use the international education mark.

ELE Code, Section 7: Programme Design

Criterion 7.1 Curriculum, syllabus, and course programme/scheme of work design
(b) The curriculum, syllabus and course programme/scheme of work design is clearly and closely aligned to the Common European Framework of Reference for Languages (CEFR), with clearly defined learning outcomes that are articulated in 'can do' descriptors.

Criterion 7.2 Assessment systems
(b) The assessment framework is clearly and closely aligned to the intended learning outcomes of each ELE syllabus/course programme, expressed in 'can do' descriptors from, or adapted from, the CEFR.

It may be the case that the senior academic team has not completed full alignment with the CEFR of all the programmes and assessments offered by the ELE provider at the time of submission of the provider's IEMAS. In this case, the IEMAS should include a realistic timeline for the completion of the alignment of all ELE programmes and assessments to the CEFR. This criterion must be fully complied with for the programmes submitted in the initial IEMAS by the time the provider comes to submit their mid-cycle update report eighteen months following authorisation in order to continue to be authorised to use the international education mark. All programmes and assessments developed by the ELE provider's academic team following authorisation to use the international education mark must be submitted to QQI for authorisation before they are included on the Irish Register of Qualifications (IRQ).

ELE Code, Section 9: Marketing and Recruitment
Criterion 9.2 Partnerships with education agents, recruitment partners and consultants

(c) ELE providers ensure that any contractual arrangements entered with education agents, recruitment partners and consultants incorporate the principles of the London Statement. Existing agreements or contracts with education agents, recruitment partners and consultants that do not incorporate these principles shall be amended appropriately within two years of the date on which the ELE provider is authorised to use the IEM.

(d) The contract between the ELE provider and education agent, recruitment partner or consultant includes a termination clause in instances where the partner does not comply with the principles of the London Statement or is found to have acted in an unethical fashion to the detriment of international learners.

(e) *ELE providers have in place a process for reviewing, at least once every two years, the activities of education agents, recruitment partners and consultants to ensure that they are operating within the required parameters of the ELE Code and the London Statement.*

It may be the case that not all contracts with education agents, recruitment partners and consultants incorporate the principles of the London Statement by the time the provider submits their IEMAS. Providers will be required to demonstrate full compliance of this criterion within two years of the date the provider is authorised to use the international education mark. Ideally, providers should demonstrate full compliance with this criterion by the time they come to submit their mid-cycle update report eighteen months following authorisation. However, demonstration of further development in the fulfilment of compliance will be acceptable. This criterion must be fully complied with at the end of the initial three-year authorisation cycle when the provider comes to submit their next IEMAS in order to continue to be authorised to use the international education mark.

In such circumstances as the examples above, QQI can authorise use of the international education mark with conditions regarding partial compliance of particular ELE Code criteria, to be complied with within a realistic timeline, as outlined above. However, apart from the criteria outlined above, where partial compliance will be permitted for the first IEMAS submission, QQI considers that there must be a minimum level of full compliance with all applicable criteria from ELE providers to obtain authorisation to use the international education mark. Please see **Part B sections 3.2-3.7** below and the report template in **Appendix One** for details regarding the level of compliance that is required.

B2.3 Self-assessment of the suitability of quality assurance procedures

Section 2 of the QA Guidelines for ELE sets out the criteria to be met by ELE providers to demonstrate the suitability of their quality assurance procedures by having regard to and meeting the criteria set out in the QA Guidelines for ELE. There are six sections in section 2 of the QA Guidelines as follows:

- Section 2.1: Organisational Structures
- Section 2.2: Management and Governance of Quality Assurance
- Section 2.3: Academic Management Structures
- Section 2.4: Programme Design
- Section 2.5: Supports and Services for International Learners
- Section 2.6: Staff Supports and Development

The criteria set out in each section are summarised in the IEMAS template in **Appendix One**. These criteria are for illustrative purposes only. ELE providers should always refer to the criteria in Section 2 of the QA Guidelines for ELE when undertaking their self-assessment of the suitability of their quality assurance procedures by having regard to and meeting the criteria set out in the Guidelines. Each criterion in the QA Guidelines for ELE will be assessed as 'Fully met' 'Partially met' or 'Not met' by the Assessment Panel.

B2.3.1 Applicability of the criteria to individual ELE providers

The level of demonstration of the suitability of the ELE provider's quality assurance procedures by having regard to and meeting the QA Guidelines for ELE criteria, and the extent to which each associated criterion is deemed as suitable, will vary from ELE provider to ELE provider, depending on their individual circumstances and context. Not all criteria will be applicable to every provider. The following are examples where the inapplicability of certain criteria to a particular ELE provider may occur:

2.3.10 Online provision
Criterion 2.3.10 (a)-(d) does not apply to an ELE provider that does not offer online programmes.

2.4.3 Teacher training centres and programme design
Criterion 2.4.3 (i)-(iii) does not apply to an ELE provider that does not offer teacher training programmes.

2.5.2 Learners requiring entry visas and/or immigration permissions

> Criterion 2.5.2 (a)-(c) does not apply to providers who do not recruit learners requiring entry visas and/or immigration permissions.

Where a particular criterion, or part of a criterion, does not apply to an ELE provider, the provider should state this clearly in its IEMAS by putting 'N/A' in the relevant section, with supporting evidence, as appropriate.

B2.3.2 Demonstration of the suitability of an ELE provider's quality assurance procedures

The demonstration of the suitability of an ELE provider's quality assurance procedures by having regard to and meeting applicable criteria in the QA Guidelines for ELE should be addressed in the IEMAS in the following manner. The ELE provider should

- specify that a criterion is fully met, briefly describing how it is and providing links to supporting evidence, e.g., institutional policies, procedures, or published website information. Where documentation is not publicly available, relevant material, e.g., ELE programme syllabuses, should be included as links in the IEMAS;

or

- specify that a criterion is partially met, briefly describing how it is, with supporting evidence, as described above, and setting out planned actions, with realistic timelines that meet QQI requirements, to fully meet the criterion.

For the purposes of authorisation of an ELE provider to use the IEM, QQI expects the ELE provider to meet all applicable criteria. Ideally, all applicable criteria will be fully met at the time of an ELE provider's application. However, there may be circumstances which prevent a provider from fully meeting criteria at the time of its IEM application, as in the following examples from the QA Guidelines for ELE:

QA Guidelines for ELE, Section 2.3: Academic Management Structures

Academic staff qualifications

2.3.1 Qualifications and experience
The academic staff profile meets the needs of the organisation, and all members of the academic staff are suitably qualified, and experienced, where required, for their role.

Teachers' qualifications
It may be the case that some teachers do not meet all the qualifications requirements set out in Appendix Four of the ELE Code, e.g., in relation to the assessed teaching practice requirement, at the time of the provider's IEM application. In this case, the IEMAS must include a realistic timeline for all teachers to have met all the requirements set out in Appendix 4 of the ELE Code. Criterion 2.3.1 in relation to teacher qualifications must be fully met by the time the provider comes to submit their mid-cycle update report eighteen months following authorisation in order to fully demonstrate the suitability of the provider's quality assurance procedures, and therefore continue to be authorised to use the IEM.

Academic managers' qualifications
It may be the case that an academic manager is in the process of completing an English language teaching programme leading to a suitable qualification to meet the requirements set out in Appendix Four of the ELE Code at the time of the IEM application. In this case, the IEMAS must include a realistic timeline for the successful completion of the programme. When the provider comes to submit their mid-cycle update report eighteen months following authorisation, evidence of partial/full completion of Criterion 2.3.1 in relation to academic manager qualifications must be given and this criterion must be fully met by the time the provider comes to submit their next IEMAS three years following authorisation in order to fully demonstrate the suitability of the provider's quality assurance procedures, and therefore continue to be authorised to use the IEM.

CEFR Alignment

2.3.6 Operational academic management
Teaching schedules of a maximum of thirty contact teaching hours per week are fully supported by well-designed curricula, syllabuses, and schemes of work, which are closely aligned to the Common European Framework of Reference for Languages (CEFR).

2.3.7 Teaching and Learning
(c) Lesson planning and teaching approaches reflect the ELE provider's commitment to the close alignment of the provider's curriculum, syllabus and course programme to the CEFR.

2.3.8 Lesson planning
(a) Teachers plan lessons with clear intended learning outcomes, with reference to the curriculum, syllabus, course programme/schemes of work, learner needs and course materials, and planning is clearly and closely aligned to the CEFR.

2.3.9 Lesson delivery
Lessons are delivered with clear reference to the syllabus, learner needs and CEFR 'can do' descriptors, as well as course materials.

QA Guidelines for ELE, Section 2.4: Programme Design

2.4.1 Curriculum and syllabus design
(b) *Curriculum and syllabus design is clearly and closely aligned to the Common European Framework of Reference for Languages (CEFR), with clearly defined learning outcomes, which are articulated in 'can do' descriptors.*

2.4.1.1 Curriculum design
Curriculum design considers: (i) the provider's educational philosophy and mission statement. (ii) approach(es) to be taken, e.g., Communicative Approach, Task-Based Learning, aligned to the CEFR 'can do' descriptors.

2.4.1.2 Syllabus design
Syllabus design considers, as appropriate: (i) intended learning outcomes, clearly and closely aligned to the CEFR 'can do' descriptors.

2.4.2 Assessment systems
(a) The provider's assessment framework
(ii) is clearly and closely aligned to the intended learning outcomes of each programme, expressed in 'can do' descriptors from, or adapted from, the CEFR;

It may be the case that the senior academic team has not completed full alignment with the CEFR of all the programmes and assessments offered by the ELE provider at the time of submission of the IEMAS. In this case, the IEMAS should include a realistic timeline for the completion of the alignment of all ELE programmes and assessments to the CEFR. The provider will be required to submit evidence of a clear and close alignment to the CEFR of all programmes and assessments that are submitted in the first IEMAS as part of their mid-cycle update report eighteen months following authorisation to use the international education mark in order to fully demonstrate the suitability of a provider's quality assurance procedures, and therefore continue to be authorised to use the IEM.

All programmes and assessments developed by the ELE provider's academic team following authorisation to use the international education mark must be submitted to QQI for authorisation before they are included on the Irish Register of Qualifications (IRQ).

Please note that when demonstrating the suitability of a provider's quality assurance procedures by having regard to and meeting the criteria in the QA Guidelines for ELE, reference may be made in the IEMAS to criteria that have already been described as part of the ELE provider's demonstration of compliance with the ELE Code.

B3. Determination by QQI of an application for authorisation by an ELE provider to use the IEM

QQI is required to determine an application from an ELE provider for authorisation to use the IEM under section 61(7)(a) of the 2012 Act as amended by

   (a) assessing the compliance of the provider with the ELE Code;
   (b) assessing the suitability of the provider's quality assurance procedures, having regard to the statutory QA Guidelines for ELE.

B3.1 Compliance with the ELE Code

To determine whether it is satisfied that an ELE provider is in compliance with the ELE Code, QQI must establish a reasonable and transparent threshold standard for measuring compliance that is both achievable by, and challenging to, the provider. Therefore, for the purpose of satisfying QQI that an ELE provider is in compliance with the criteria set out in the ELE Code in order that QQI shall authorise the use by that ELE provider of the IEM, the ELE provider must:

be fully compliant with all applicable criteria

or

be fully compliant with certain applicable criteria;

and

be partially compliant with certain applicable criteria, with realistic timelines set, as required by QQI, in order for the provider to be fully compliant with the criteria.

There are certain applicable criteria that an ELE provider must fully comply with at the time of the submission of their IEM application in order to be authorised to use the international education mark. Other applicable criteria may be partially complied with at the time of the submission of the application, such as in the examples outlined above in **B2.2.2,**

Demonstrating compliance with applicable principles and criteria in the ELE Code, where a provider is prevented from achieving full compliance at the time of their initial application. In these cases, full compliance with these criteria will be required, either by the time the provider submits their mid-cycle update report eighteen months following authorisation, or by the time the provider submits their next IEMAS at the end of the first three-year authorisation cycle, as set out above in **B2.2.2**, in order for the provider to continue to be authorised to use the international education mark.

ELE providers who do not fully comply with the ELE Code principles and criteria, but who do meet requirements in relation to partial compliance, with the aim for full compliance, whether within a period determined by QQI, by the time of their submission of their mid-cycle update report eighteen months following authorisation, or by the time of their submission of the next IEMAS, depending on QQI requirements, will be authorised to use the international education mark with conditions.

Where they are reasonable, QQI will set conditions on the basis of the ELE provider's plans for compliance presented by the ELE provider in its IEMAS. There will be an upper time limit for achieving full compliance with the ELE Code, which will be set at three years from the date of the granting of authorisation to use the international education mark. The three-year deadline will not necessarily be applied to all conditions of authorisation, and some criteria will have to be met either by the time the provider submits their mid-cycle update report eighteen months following authorisation, or by within a shorter timeframe, as required by QQI. QQI will consider the ELE provider's own plans for achieving compliance, the nature of the criteria to which conditions have been applied, and the practicalities of monitoring, when setting timelines for the ELE provider to meet conditions of authorisation to use the international education mark.

Please see the IEMAS template in **Appendix One** for the criteria where full compliance will be required and where partial compliance will be accepted, with realistic timelines for full compliance, meeting the required QQI deadlines, as outlined above in section B2.2.2.

B3.2 Assessment of the Suitability of an ELE Provider's Quality Assurance Procedures

To determine the suitability of an ELE provider's quality assurance procedures by demonstrating having regard to and meeting the applicable criteria set out in the QA Guidelines for ELE, QQI must establish a reasonable and transparent threshold standard that is both achievable by, and challenging to, the provider. Therefore, for the purpose of satisfying QQI regarding the suitability of an ELE provider's quality assurance procedures, having regard to the fact that should its application for IEM authorisation be granted, the provider will be authorised to use the international education mark, the ELE provider must either:

fully meet all applicable criteria

or

fully meet certain applicable criteria

and

partially meet certain applicable criteria, with realistic timelines set, as required

by QQI, in order for the provider to fully meet the criteria.

There are certain applicable criteria that an ELE provider must fully meet at the time of the submission of their IEMAS in order to demonstrate the suitability of its quality assurance procedures and therefore be authorised to use the IEM. Other applicable criteria may be partially met at the time of the submission of the IEMAS, such as in the examples outlined above in **B2.3.2**, *Demonstration of the suitability of an ELE provider's quality assurance procedures*, where a provider is prevented from fully meeting these criteria at the time of the application. In these cases, the criteria must be fully met either by the time the provider submits their mid-cycle update report eighteen months following authorisation, or by the time the provider submits their next IEMAS at the end of the first three-year authorisation cycle, as set out above in **B2.3.2**, in order for the provider to continue to be authorised to use the international education mark.

ELE providers who do not fully meet the QA Guidelines for ELE criteria, but who do partially meet certain criteria, with the aim of fully meeting them, whether within a period determined by QQI, by the time of their submission of their mid-cycle update report eighteen months following authorisation, or by the time of their submission of the next IEMAS, depending on QQI requirements, will be authorised to use the international education mark with conditions.

Where they are reasonable, QQI will set conditions on the basis of the ELE provider's plans to fully meet criteria as presented by the ELE provider in its IEMAS. There will be an upper time limit for fully meeting criteria, which will be set at three years from the date of the granting of authorisation. The three-year deadline will not necessarily be applied to all conditions of authorisation, and some criteria will have to be met by the time the provider submits their mid-cycle update report eighteen months following authorisation, or by within a shorter timeframe, as required by QQI. QQI will consider the ELE provider's own plans for meeting criteria, the nature of the criteria to which conditions have been applied, and the practicalities of monitoring, when setting timelines for the ELE provider to meet conditions of authorisation to use the international education mark.

Please see the IEMAS template in **Appendix One** for the list of criteria which must be fully met and where criteria may be partially met, with realistic timelines for these to be fully met by specific deadlines, as outlined above in **B2.3.2**.

B3.3 Decision on authorisation

While providers may conclude in their IEMAS that they have fully complied with certain ELE Code criteria and fully met certain QA Guidelines for ELE criteria, the Assessment Panel may find evidence, either during the desk-based assessment of the IEMAS and supporting documentation, and/or during the site visit, that this is not the case.

The final assessment will always lie with the Assessment Panel's decision, which is monitored and signed off by QQI senior management in the Internal Review Group (IRG), and then approved by QQI governance, the Approvals and Reviews Committee (ARC).

B4. Writing the IEM Application Statement (IEMAS)

B4.1 Format of the IEMAS

Providers should complete the IEMAS report template in **Appendix One**.

The IEMAS template consists of the following sections:

1 Introduction

2. Methodology

3. Self-Assessment of Compliance with ELE Code Criteria

      3.1. General Statutory Requirements

      3.2. Principle and Criteria: Requirements for Premises

      3.3. Principle and Criteria: Operational, Risk and Human Resources Management

      3.4. Principle and Criteria: Programme Design

      3.5. Principle and Criteria: Supports and Services for International Learners

      3.6. Principle and Criteria: Marketing and Recruitment

      3.7. Principle and Criteria: Enrolment, Fees, Refunds and Subsistence

4. Self-Assessment of the Suitability of Quality Assurance Procedures, Having Regard to and Meeting QA Guidelines for ELE Criteria

      4.1. Organisational Structures

      4.2. Management and Governance of Quality Assurance

      4.3. Academic Management Structures

      4.4. Programme Design

      4.5. Supports and Services for International Learners

      4.6. Staff Supports and Development

The emphasis in the IEMAS is best placed on evaluating how effectively the ELE provider complies with the criteria in the ELE Code and demonstrates the suitability of its quality assurance procedures by having regard to and meeting the criteria in the QA Guidelines for ELE. It is advisable for the provider to set out their own view of their effectiveness under each criterion and make clear the basis for that view, including specific references to evidence and including links to supporting documentation. Demonstration of compliance with criteria and the suitability of quality assurance procedures should be written in the form of statements that are expected to be an accurate and true reflection of a provider's processes and procedures.

All criteria that apply to the ELE provider must be addressed in the IEMAS and the provider should provide clear evidence of compliance with the ELE Code criteria (Section 3 of the IEMAS) and demonstration of the suitability of quality assurance procedures, having regard to and meeting the criteria in the QA Guidelines for ELE (Section 4 of the IEMAS). Failure to do so may result in refusal of authorisation to use the international education mark. In the instance where a criterion is not applicable, this should be noted in the IEMAS, along with a clear explanation, including evidence, if applicable. Finally, in the instance where a criterion is in development, the plans to implement the criterion should be clearly outlined by the provider, along with a realistic timeline plan for completion, as outlined above in **B3.1** and **B3.2**.

In preparing its IEMAS, the ELE provider should

- address the requirements for authorisation to use the IEM clearly and succinctly, namely compliance with applicable criteria in the ELE Code, and demonstration of the suitability of quality assurance procedures by having regard to and meeting applicable criteria in the QA Guidelines for ELE;

- ensure that statements made in the IEMAS are supported with clearly presented evidence to demonstrate how what is stated is known and can be verified;
- ensure that the Assessment Panel can easily access linked and referenced documentation;
- meet the needs of its primary audience (ELE provider community, Assessment Panel, QQI senior management and QQI Approvals and Reviews Committee) in demonstrating the provider's compliance with the ELE Code and the demonstration of the suitability of its quality assurance procedures by having regard to and meeting criteria in the QA Guidelines for ELE, using links and references to other sources for descriptive information.

While there is no minimum number of words suggested, QQI recommends that ELE providers should endeavour to draft an IEMAS that does not exceed 8,000 words, exclusive of tables and appendices. There is a recommended maximum word count for each section.

B4.2 General guidance on preparing the International Education Mark Application Statement (IEMAS)

Section 1: Introduction

The introduction to the IEMAS should briefly set out the institutional context of the ELE provider, with a summary of the provider's background, a brief history, and information on the provider's centre(s) in the state, as well as centres in operation outside the state, as applicable. Reference should be made to all affiliations, e.g., if the provider is part of a franchise or larger company, accreditation(s), recognitions, centre authorisation(s) (e.g., teacher training, examination) and membership(s) of association(s) or organisation(s). The ELE provider's educational philosophy, mission (and vision, as appropriate) should be outlined. Strategic aims and objectives of the provider should also be set out in the introduction.

Dates not suitable for site visit

Providers should put dates that are **not** suitable for the site visit for the assessment period, i.e., up to nine months following the submission e.g., dates when there are no students or when key members of staff are not available, and the reason why in each case. Please note that site visits may take place during peak periods.

ELE programmes and learner week numbers

Providers should complete the table in the IEMAS template, listing all programmes offered, with programme length, in the case of programmes not operated on a rolling enrolment basis, awards, if applicable and the number of learner weeks for each programme for the previous calendar year i.e., January-December, before which the provider's IEMAS is submitted i.e., for an application submitted in 2024, the aggregate learner week numbers for each centre should apply to the 2023 calendar year.

Nationality and learner week numbers

Providers should complete the table with learner nationality (in alphabetical order) and corresponding number of learner weeks for the full calendar year prior to the submission of the IEMAS.

Non-ELE programmes (further education and training; higher education)

Providers should complete the table in the IEMAS, outlining any non-ELE programmes, such as FET or HE programmes, offered, and setting out the total number of learners, for the full academic year prior to the provider's IEMAS submission, i.e., for an IEMAS submitted in 2024, the programmes and student numbers/weeks should apply to the 2022-2023 academic year.

Other services offered

Providers should describe all other services offered to international learners, such as accommodation, airport transfers and activity programmes. Links/references to supporting documentation should be submitted.

Organisational structure

Providers should insert a link to an organisational chart(s) in the IEMAS. This should include each specific role in the centre and reporting lines. A clear and concise description of the roles in the organisational chart should also be included. In the case of providers with multiple centres in the state, separate organisational charts for each centre should be included, along with the overall organisational chart, as appropriate, and a description in each case. In the case of ELE providers with centres outside the state, a separate chart of the whole organisation should be included. Detailed job descriptions for each member of staff should be submitted. Providers should also complete the staffing charts in **Appendix Two**.

Section 2: Methodology

In this section of the IEMAS, providers should give a brief overview of the self-assessment process that has been undertaken by the ELE provider. This should identify which functional areas/departments within the ELE provider have been primarily involved in leading the self-assessment process and in drafting the IEMAS, and whether a dedicated team was established to oversee the process, with staff roles identified. It should also state whether external consultancy advice has been sought in the preparation of the IEMAS. If so, the type of consultancy arrangements should be described, including the extent of this consultancy's work. It should briefly describe the level of engagement with the self-assessment process across the ELE provider as a whole, including, as appropriate, any engagement with learners and other internal and external stakeholders. The overview of the methodology should set out how the ELE provider approved the IEMAS through its management and governance processes.

Section 3: Self-Assessment of Compliance with ELE Code

In this section of the IEMAS, the ELE provider is required to demonstrate compliance with applicable criteria set out in the **ELE Code, sections 4-10**.

The provider should describe in sufficient detail how each applicable criterion is complied with and whether the ELE provider is fully or partially compliant with each of the applicable criteria. If a criterion is partly complied with, the provider should set out realistic plans for achieving full compliance, meeting QQI requirements where applicable.

Providers should follow the headings in the report template, using the headings below to describe compliance, and links/references to documentation and website pages, as required, to support statements and descriptions in each case. Descriptions should be clear, concise and succinct, and providers should aim to help the primary audience (ELE provider community, Assessment Panel, QQI senior management and QQI's Approvals and Reviews Committee) gain a clear understanding of how quality assurance and learner protection procedures are developed and managed at all levels across the organisation. ELE providers should state when a criterion is not applicable, stating why it is not applicable, with supporting evidence, as required. Providers should clearly describe operations at each centre in the state, as applicable. When completing each section of the IEMAS, providers should refer, as relevant, to related areas below in **Section 4: Self-Assessment of QA Guidelines for ELE Criteria.**

3.1 General Statutory Requirements (ELE Code section 4)

Access, transfer, and progression (section 4.2)

Providers should describe procedures in place to help learners access, transfer, and progress to and from programmes, taking into account needs and interests of international learners. In the context of ELE, examples of access, transfer and progression may include progression from one CEFR level to another, either with the same ELE provider or a different one, or progression from an ELE provider, following the successful completion of a programme, to a programme of further or higher education. For learners from EU states, an example of access, transfer and progression may include the use of the 'Europass'.

3.2 Principle and Criteria: Requirements for Premises (ELE Code section 5)

In this section of the IEMAS, the ELE provider is required to demonstrate compliance with **all criteria** in the ELE Code section 5 relating to premises, with supporting documentation to demonstrate compliance. Providers should demonstrate compliance with criteria in relation to all centres in the state, including temporary classroom spaces[10], with links/references to supporting documentation to demonstrate compliance.

Criteria (i) and (ii) are legal requirements, while criteria (iii)-(x) are requirements related to the protection and well-being of learners and staff at the centre. For each criterion, providers should describe how each one is complied, with reference/links to specific documentation, such as planning permission, building plans, images, figures, ratios, and numbers, as needed.

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[10]Definition of 'centre' in the context of ELE: an ELE provider's main centre is defined as the premises where the main administrative and academic functions and teams are located. The main centre may operate out of one or more buildings within the same town or city, but an ELE provider may only have one main centre within one town or city. Administrative and academic functions and teams must be replicated in each building as appropriate to learner and staff needs. A temporary centre is defined as a centre that is used at certain times of the year e.g., during the summer, whether within the same town or city or in another town or city in the state. Administrative and academic functions and teams must be located at temporary centres as appropriate to learner and staff needs. Temporary classrooms are defined as spaces that are suitable for temporary ELE provision as required. Administrative and academic functions and teams appropriate to learner and staff needs must either be located in the same building as the temporary classrooms, or at the main centre. Temporary classrooms must be located within a 1km distance from the main centre. Any centre that is located in another town or city to the main centre is defined as a separate centre.

3.3 Principle and Criteria: Operational, Risk and Human Resources Management (ELE Code section 6)

In this section of the IEMAS, the ELE provider is required to demonstrate compliance, or partial compliance, in the case of criteria 6.6.3 (a) and (b), and 6.7 (e) and (f), with **all applicable criteria** in the ELE Code section 6 relating to operational, risk and human resources, with supporting documentation to demonstrate compliance.

Providers should describe procedures in place for the management and monitoring of the security, back up and restricted access, as required, for data management systems, and describe policy and procedures for compliance with GDPR legislation (6.1 (a)-(d)).

Providers should describe how clear distinctions are made between corporate and academic areas of governance. A clear description of the academic governance committee members and the committee's role, or the provider's alternative arrangement, such as the use of external ELE expertise, should be included. Details of committee meetings, including aims, format, frequency, staff roles involved and record keeping procedures, should be described, and sample meeting records for the previous three months should be submitted (6.2 (a)-(d)).

Risk management policy and risk assessment plan(s) and change and crisis management systems should be described, as well as the system for monitoring and reviewing risk management, change management and crisis management policies and procedures (6.3 (a)-(b) and 6.4).

The provider should describe partnerships and collaborations, e.g., with other ELE providers, HE providers, accommodation providers and activity providers. Procedures to carry out due diligence, approve, monitor, and review all partnerships and collaborations should be described. All potential conflicts with partners should be described, as well as procedures to declare these potential conflicts to stakeholders (6.5 (a)-(f)).

The provider should describe staff recruitment policy and procedures, and terms and conditions, including current salary scales for all members of staff and any benefits offered. All related documentation, including template contracts and job descriptions for each role in the organisation should be submitted. (6.6.1 (a)-(b)-6.6.2 (a)-(e)).

> *Please note: all current staff contracts, job descriptions, CVs and copies of qualifications will be inspected during the site visit.*
>
> *Please see Appendix Seven, Documents inspected during the site visit.*

Providers should refer to the organisational chart(s) and staffing list(s) when demonstrating full or partial compliance with criteria 6.6.3 (a)-(b), related to academic staff qualifications, as well as timelines in place to achieve full compliance with these criteria, if applicable.

Providers should describe the overall operational academic management, including numbers of academic staff members per centre, ratios of academic manager to academic staff

members and learners, and academic manager[11] duties and schedules, including the typical number of hours per week in an academic manager's schedule dedicated to teaching, to demonstrate compliance with criteria 6.7 (a)-(e).

For criterion 6.7 (e), providers must demonstrate during the site visit that all teachers who are recruited from the time of the provider's submission of their Confirmation of Application form have contracts that stipulate a maximum of thirty sixty-minute contact teaching hours per week. Providers should describe their plan to achieve fuller compliance of criterion 6.7 (e) by the time the provider comes to submit their mid-cycle update report eighteen months following initial authorisation, and full compliance by the time the provider comes to submit their IEMAS for the second three-year authorisation period.

> *Providers must plan to demonstrate fuller compliance with criterion 6.7 (e) by the time the provider comes to submit their mid-cycle update report eighteen months following initial authorisation, and full compliance will be required by the time the provider comes to submit their IEMAS for the second three-year authorisation period in order to continue to be authorised to use the international education mark.*

Criterion 6.7 (f), the requirement to have teaching schedules of thirty sixty-minute contact teaching hours per week fully supported by a clear and close alignment to the CEFR, may be partially complied with for the initial IEMAS submission as providers may not yet have achieved full alignment of all programmes with the CEFR by the time they come to submit their initial IEMAS, and this criterion must be fully achieved by the time the provider comes to submit their mid-cycle update report eighteen months following initial authorisation (please see section 3.4 below).

> *This criterion may be cross referenced to section 4.3 (QA Guidelines for ELE section 2.3) below.*

Providers should describe the internal grievance systems in place for staff: policy, procedures, process, communication lines and accountability, with reference/links to documentation. A description of procedures in place to escalate the grievance to an external and independent body if internal processes do not achieve a mutually accepted resolution should be included, as well as a description of the external body make-up and grievance procedures. The policy documentation should include a description of how the state-

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[11] For the purpose of the ELE Code, an academic manager is defined as a member of staff who is responsible for academic management at an ELE provider. This may mean management of an academic department or management of a part, or parts, of an academic department, such as academic administration, teacher training, teacher development, young learners and teens, groups and examinations. Academic manager roles/titles may include, but are not limited to, the following: Principal, Head of School, Head of Education, Director of Education, Director of Studies, Academic Director/Manager, Assistant Director of Studies, Young Learner and Teens Coordinator/Manager, Group Coordinator/Manager, Examinations Coordinator/Manager, Head/Director of Teacher Training, Head/Director of Teacher Development. In each case, the academic manager is suitably qualified and experienced to fulfil their designated role. Depending on the size of the provider, there may be one or more than one academic manager, but there must always be a suitably qualified and experienced academic manager employed at the centre with responsibility for teacher development. (Please see requirements for academic managers in Appendix Four of the ELE Code)

appointed authority, i.e., the Workplace Relations Commission, is brought into the process. (6.8 (a)-(b)).

> *Records of staff grievances will be inspected as part of the site visit.*
>
> *Please see Appendix Seven, Documents inspected during the site visit.*

3.4 Principle and Criteria: Programme Design (ELE Code section 7)

In this section of the IEMAS, providers are required to demonstrate compliance, or partial compliance, with **all criteria** in the ELE Code section 7 relating to programme design, with supporting documentation to demonstrate compliance/partial compliance.

Providers should describe the process for the development, management and monitoring of the curriculum, syllabus, and course programme/scheme of work framework in place, with details of the project management of CEFR alignment. A description of the role of the member(s) of staff responsible for the development, management, monitoring and updating of the programme framework should be given, and these duties should also be included in each relevant member of staff's job description. A description of the process whereby the curriculum, syllabus and course programmes/schemes of work development and updates are approved by the academic governance committee, or external ELE expert(s), as appropriate, should be given, and details of committee meetings, including aims, format, frequency, staff roles involved and record keeping procedures, should be described. Sample records for the previous six months should be submitted (7.1 (a) - (e)).

Providers should describe the process for the development, management, monitoring and updating of the assessment framework in place, with details of CEFR alignment. A description of the role of the member(s) of staff responsible for the development, management, monitoring and updating of the framework should be given, and these duties should also be included in each relevant member of staff's job description. A description of the process whereby the development of and updates to the framework are approved by the academic governance committee, or external ELE expert(s), as appropriate, should be included, considering committee meeting aims, format, frequency, staff roles included, and record-keeping procedures. Sample records/minutes of meetings for the previous six months prior to submission of the IEMAS should be submitted. A description of procedures in place to manage the security and integrity of the assessment process should be included. (7.2 (a) - (g)).

Providers should describe their plan to fully comply with criteria 7.1 (a) - (e) and 7.2 (a) - (b) by the time the provider comes to submit their mid-cycle update report eighteen months following initial authorisation.

> *This section may be cross-referenced to section 4.4 (QA Guidelines for ELE section 2.4) below.*
>
> *Criteria 7.1 (a) - (e) and 7.2 (a) - (b) must be fully met by the time the provider comes to submit their mid-cycle update report eighteen months following initial authorisation in order to continue to be authorised to use the international education mark.*

3.5 Principle and Criteria: Supports and Services for International Learners (ELE Code section 8)

In this section of the IEMAS, the provider is required to demonstrate compliance with **all applicable criteria** in the ELE Code section 8 relating to the provider's provision of supports and services to international learners, with supporting documentation to demonstrate compliance.

Providers should describe the role of the member(s) of staff responsible for learner support and welfare, and these duties should also be included in each relevant member of staff's job description. The welfare support policy and procedures should be described and links/references to supporting documentation should be submitted. (8.1 (a)-(b)).

Policy and procedures for learner orientation(s) and induction(s) should be described, including procedures to support information needs of learners requiring entry visas and/or immigration permissions. Links/references to supporting documentation should be submitted (8.2 (a)-(c), and 8.3 (a)).

Providers should describe how all accommodation offered by the provider, and information on accommodation, meets the requirements set out in Appendix Five of the ELE Code, with links/references to supporting documentation. The role of the person(s) responsible for accommodation should be described, and these duties should also be included in each relevant member of staff's job description. Procedures for offering advice on accommodation not offered by the provider should be described, along with links/references to supporting documentation. (8.4 (a)-(e)).

Providers should describe how requirements are met, with reference/links to supporting policy and procedural documentation, in relation to all essential areas of safeguarding, e.g., garda vetting, training for relevant members of staff working with minors, procedures in place for working with partners in terms of safeguarding, procedures in cases where minors and adults are mixed, and procedures for obtaining permissions from parents/guardians, where applicable. A description of the role of the member(s) of staff responsible for safeguarding should be given, and these duties should also be included in each relevant member of staff's job description. (8.5 (a)-(c)). Safeguarding records will be inspected as part of the site visit.

Providers should describe procedures for the internal management of complaints and grievances, as well as the external and independent procedures established by the provider to manage complaints and grievances at an external level once internal procedures have been exhausted. Links/references to supporting documentation should be submitted. (8.6 (a) and (b)). Records of complaints and grievances will be inspected as part of the site visit.

> *Safeguarding records and records of complaints and grievances will be inspected as part of the site visit.*
>
> *Please see Appendix Seven, Documents inspected during the site visit.*

3.6 Principle and Criteria: Marketing and Recruitment (ELE Code section 9)

In this section of the IEMAS, the provider is required to demonstrate compliance, or partial compliance, in the case of criteria 9.2 (c), (d) and (e), with **all applicable criteria** in the ELE

Code section 9 relating to marketing and recruitment, with supporting documentation to demonstrate compliance.

Providers should describe how the information needs of learners and stakeholders are researched and met. A description should be given of how information is disseminated, including, but not limited to, the following: the centre(s), place of study (i.e., at the main centre or the possibility of studying at another centre/venue), typical learner first language make-up, calendars and lesson schedules, approaches to teaching and learning, types of programmes, including overall programme objectives and learning outcomes, all types of assessments, ELE proficiency examinations and national and international recognition of examinations offered, access, transfer and progression arrangements, accommodation (both accommodation offered by the provider and not), events programme learner services, terms and conditions and complaints and grievance procedures. All relevant documentation should be submitted.

If information is provided in any language other than English, providers should describe the process whereby this information is provided in other languages and how this information is monitored to ensure that it is clear, accurate, transparent, accessible, relevant and up to date in each language. Providers should also describe the process whereby information and promotional materials are monitored to ensure consistency across different languages and media. Sample materials should be submitted to demonstrate compliance.

Providers should describe policy and procedures in place to ensure that all information disseminated to learners and other stakeholders is clear, accurate, transparent, accessible, relevant and up to date. A description should be given of how information on associated requirements for learners requiring entry visas and/or immigration permissions is made available to stakeholders, including procedures in the case of visa refusals.

Providers should demonstrate how information on the corporate structure of the provider and on accreditations, recognitions, franchises, partnerships, memberships, affiliations, and examination centre or venue status, is made clear to stakeholders.

The provider should provide links to relevant information and promotional materials, information on websites and social media, publications, and any other relevant documentation. A description of the role of the member(s) of staff responsible for sales and marketing and enquiries/enrolments should be given, and these duties should also be included in each relevant member of staff's job description.

Criterion 9.1 (b) (vii) refers to the implementation of the statutory PEL arrangements under section 65 of the 2012 Act as amended. Providers should confirm here that, once authorised, they will provide details of PEL arrangements to learners and other stakeholders in line with the policies, processes and regulations overseen by QQI. (9.1 (a)-(c)).

A detailed description should be given of policy and procedures in relation to provider partnerships with recruitment agents, from the initial due diligence process carried out with prospective partners, to the completion of contracts/agreements, as well as procedures in place to terminate agreements, when needed. Criterion 9.2 (c) stipulates that all contracts with education agents, recruitment partners and consultants incorporate the principles of the London Statement. Providers are required to demonstrate full compliance with this criterion within two years of the date the provider is authorised to use the IEM.

> *Providers should demonstrate progress towards full, or full, compliance with Criterion 9.2 (c) by the time they come to submit their mid-cycle update report*

Providers should describe procedures in place to update all existing agent contracts/agreements to incorporate the principles of The London Statement, and the timelines in place to achieve full compliance with this requirement. Providers should describe the process whereby monitoring of promotional materials used by recruitment partners is carried out, including materials in other languages, and links/references to supporting documentation should be submitted. Providers should describe the process to review activities of education agents, recruitment partners and consultants at least once every two years, to ensure they are operating within the parameters of the ELE Code and the London Statement and links/references to supporting documentation should be submitted. Links/references to templates of different types of agent contracts/agreements and other relevant documentation should be submitted, including samples in other languages, as relevant. Procedures for training recruitment partners should be described, with links/references to supporting documentation submitted (9.2 (a)-(g)).

Agent contracts will be inspected as part of the site visit.

Please see Appendix Seven, Documents inspected during the site visit.

3.7 Principle and Criteria: Enrolment, Fees, Refunds and Subsistence (ELE Code section 10)

In this section of the IEMAS, the provider is required to demonstrate compliance with **all applicable criteria** in the ELE Code section 10 relating to enrolments, fees, refunds, and subsistence, with supporting documentation to demonstrate compliance.

Providers should submit links to fees for all programmes offered to demonstrate how their fee structure is realistic and sustainable to support the provision of high-quality ELE programmes to all categories of international learners. Any disparities in fee structures for different markets should be declared and justified, with a clear description of how fees are realistic and sustainable in relation to programme and service delivery for each type of market. The provider should describe procedures for the management of fee payments, including methods of payments used, and the management and payment of associated costs. Providers should submit a link to the terms and conditions policy regarding enrolments, fees, cancellations and refunds. Procedures to make refunds to students at different points in the recruitment and enrolment periods should be described, including in the case of refused study visa applications. Providers should describe how information on other costs related to studying in Ireland are disseminated.

Providers should demonstrate, with links/references to supporting documentation, how all costs, including any additional costs for services offered, are made transparent to learners and other stakeholders. Providers should describe how information on fees is disseminated to learners and stakeholders, and how information is monitored to ensure that it is consistent across all marketing materials, social media and on the website Examples of invoices showing sample fee and cost breakdowns should be submitted and explained. (10.1 (a)-(i)-

10.1.1 (a)-viii)). Enrolment procedures should be clearly and fully described, and links/references to supporting documentation submitted (10.2 (a)-(c)).

Criterion 10.2 (c) refers to the implementation of the statutory PEL arrangements under section 65 of the 2012 Act as amended. Providers must confirm that they will participate in these PEL arrangements in line with the policies, processes and regulations overseen by QQI as and when required, in order to be authorised to use the IEM.

Where it has been ascertained that a provider who is authorised to use the IEM has failed to participate in PEL arrangements, the Authority shall, by notice in writing, inform the provider that it proposes to withdraw the provider's authorisation to use the IEM, stating the reasons for the proposed withdrawal.

Section 4: Overview of Self-Assessment against QA Guidelines for ELE Criteria

In this section of the IEMAS, the ELE provider is required to demonstrate how it meets applicable criteria set out in the **QA Guidelines for ELE, sections 2.1-2.6**.

ELE providers must demonstrate the suitability of its quality assurance procedures by having regard to and meeting applicable criteria set out in the QA Guidelines for ELE. Providers should use the headings below and the criteria set out in the QA Guidelines for ELE to describe the development and management of quality assurance procedures across all areas of the organisation, providing copies of and/or links to documentation and website pages, as required, to support statements and descriptions in each case. Descriptions should be clear, concise and succinct, and providers should aim to help the audience (ELE provider community, Assessment Panel, QQI Senior Management, Approvals and Reviews Committee) gain a clear understanding of how quality assurance procedures are developed, managed and monitored at all levels. Providers should state when a criterion is not applicable, stating why it is not applicable, with supporting evidence, as required. Providers should describe operations at all their ELE centres in the state. When completing each section below, providers should also refer to relevant areas in the ELE Code, as appropriate.

4.1 Organisational Structures (QA Guidelines for ELE section 2.1)

In this section of the IEMAS, the provider is required to demonstrate how it meets **all applicable criteria** in the QA Guidelines for ELE Section 2.1 relating to the ELE provider's organisational structures, with links/references to supporting documentation to demonstrate how criteria are met.

Providers should describe the development and management of their strategic organisational and operational planning. Organisational chart(s) should be referred to, as well as the organisational, administrative, and academic management structures, role responsibilities and line management structures.

A description of the school administrative management system(s) and data management system(s) should be given. Communication channels among all staff members, including the senior management team, should be described, and a description of meetings, including performance review meetings, should be given, considering aims, format, frequency, staff roles involved and record-keeping procedures. Sample records/minutes of meetings for the

previous six months prior to submission of the IEMAS should be submitted (2.1.1 (a)-(e), 2.1.2 (a)-(b), 2.1.3 (a)-(b), 2.1.4 (a)-(c)).

Records of meetings will be inspected as part of the site visit.

Please see Appendix Seven, Documents inspected during the site visit.

4.2 Management and Governance of Quality Assurance (QA Guidelines for ELE section 2.2)

In this section of the IEMAS, the provider is required to demonstrate how it meets **all applicable criteria** in the QA Guidelines for ELE section 2.2 relating to the ELE provider's management and governance of quality assurance, with supporting documentation to demonstrate how criteria are met.

Providers should include a description of all QA policies and procedures. A description should be given of how quality assurance policies and procedures are developed, monitored, reviewed, and evaluated by internal and external stakeholders, as well as the measurement of impact, as appropriate, in a sustainable way to support operations, provision and services offered. A description of how quality assurance policies and procedures are aligned with the mission and strategic objectives of the provider should be included, including the involvement of relevant internal and external stakeholders. Links/references to supporting documentation should be submitted.

Providers should describe the different ways in which reviews and evaluations of quality assurance and learner protection in all areas of the organisation are carried out, and with which internal and external stakeholders. Links/references to supporting documentation should be submitted. A description should be given of how identified issues as a result of reviews and evaluations are managed to reach resolution, with links/references to supporting documentation. A description should be given of how evaluation data are used to support strategic organisational planning, development and enhancement, and planning. A description of the role of the member(s) of staff responsible for quality assurance should be given, and these duties should also be included in the job description of each relevant member of staff. A description of meetings should be included, considering aims, format, frequency, staff roles, and record-keeping. Sample records/minutes of meetings for the previous six months prior to submission of the IEMAS should be submitted. (2.2.1 (a)-(d), 2.2.2 (a)-(d), 2.2.3 (a)-(e)).

Records of meetings will be inspected as part of the site visit.

Please see Appendix Seven, Documents inspected during the site visit.

4.3 Academic Management Structures (QA Guidelines for ELE section 2.3)

In this section of the IEMAS, the provider is required to demonstrate how it meets **all applicable criteria** in the QA Guidelines for ELE section 2.3 relating to the ELE provider's academic management structures, with links/references to supporting documentation to demonstrate how criteria are met.

The organisational structure of the academic team(s) at each centre in the state should be described and a link/reference to an academic organisational chart (separate to the overall organisational charge previously included, if desired. A description should be given of the organisational and administrative management structures within the academic team(s), as well as role responsibilities, percentage of staff time dedicated to different roles, if applicable, and line management structures. Academic management roles should be clearly described in job descriptions for each relevant member of staff. Providers should refer to the staff list in Appendix Two below, as required.

> *Job descriptions of current staff will be inspected as part of the site visit.*
>
> *Please see Appendix Seven, Documents inspected during the site visit.*

Criterion 2.3.1 relates to qualifications of academic staff and is linked to **section 6.6.3 (a)-(b) and Appendix Four of the ELE Code**. Partial compliance with Criterion 6.3.3 (a)-(b) of the ELE Code and partial meeting of criterion 2.3.1 of the QA Guidelines for ELE are permitted for the first IEMAS submission. In each case, providers are required to set out plans to achieve full compliance and full meeting of criteria, with realistic timelines that meet QQI requirements.

> *Criterion 2.3.1: in relation to teacher qualifications must be fully met by the time the provider comes to submit their mid-cycle update report eighteen months following authorisation in order to fully demonstrate the suitability of the provider's quality assurance procedures, and therefore continue to be authorised to use the international education mark.*
>
> *Criterion 2.3.1: in relation to academic manager qualifications, evidence of partial/full meeting of this criterion must be given when the provider comes to submit their mid-cycle update report eighteen months following authorisation, and this criterion must be fully met by the time the provider comes to submit their next IEMAS three years following authorisation in order to fully demonstrate the suitability of the provider's quality assurance procedures, and therefore continue to be authorised to use the international education mark .*

Communication channels among all academic staff members, including the management team(s), should be described, including meeting aims, frequency, staff roles involved and record keeping procedures, Sample records/minutes of meetings for the previous 6 months prior to submission of the IEMAS should be submitted A description of the CPD cycle for teachers and trainers should be included, and records of CPD offered to the academic team for the 6 months prior to submission of the IEMAS should be submitted. The system in place to mentor teachers and trainers should be described and links/references to supporting documentation should be submitted (2.3.2).

Criteria 2.3.3 (a)-(c) refer to programme development. A description should be given of the make-up, management and work of the academic governance committee, or external ELE expertise, as appropriate. All communications with the committee/external expert(s) should be described, including meeting aims, frequency, staff roles involved and record keeping procedures. Sample records/minutes of meetings for the previous six months prior to

submission of the IEMAS should be submitted. Providers should describe the decision-making processes at academic governance committee level regarding the development of new programmes, communications and agreements with corporate management regarding decision making, the internal and external stakeholders consulted with, and the development of business plans by corporate management to support the development of new programmes. Links/references to supporting documentation should be submitted.

A description of the process of development and/or selection of materials and resources should be given, including the involvement of the academic governance committee/external expert(s). The staff role(s) responsible for the curation of materials and resources should be identified, and these duties should also be described in job descriptions of each relevant member of staff. (2.3.4)

Providers should include details of academic staff attendances at events such as briefings, seminars, webinars and conferences in the current calendar year to date, as well as plans for attendance at other events for the rest of the current calendar year. Details of budgets and sponsorships for staff to attend such events should be described, as relevant. A description should be given of how information is cascaded to academic team members. Links/references to supporting documentation should be included (2.3.5).

Criteria 2.3.6 (a)-(g) look at operational academic management. Providers should describe academic management operations at each centre in the state. Typical teaching schedules for each centre, both year-round and in summer, should be described, and sample copies of teaching schedules at different times for the current calendar year, including periods with closed group, offsite and summer programmes (real or projected) should be submitted.

The criterion in 2.3.6 (c) in relation to the thirty sixty-minute contact teaching hours per week requirement links to **criteria 6.7 (e)-(f) in the ELE Code**. Criterion 2.3.6 (c) may be partially met for the initial application for IEM authorisation. Providers should submit a realistic timeline to fully meet this criterion by the time the provider comes to submit the second IEMAS at the end of the first three-year authorisation period.

> *Evidence of partial/full meeting of Criterion 2.3.6 (c) must be given when the provider comes to submit their mid-cycle update report eighteen months following authorisation, and this criterion must be fully met by the time the provider comes to submit their next IEMAS three years following authorisation in order to fully demonstrate the suitability of the provider's quality assurance procedures, and therefore continue to be authorised to use the international education mark.*

Typical ratios of academic manager(s): learners and of teachers/teacher trainers: learners should be given for all year-round, closed group and summer programmes at each centre in the state. Providers should describe the systems in place to substitute teacher/trainers at each centre. Links/references to supporting documentation should be submitted. Administrative academic procedures at each centre should be described, including systems to record learner attendance, work completed in class, assessments (formative, summative and proficiency), feedback, and complaints, and links/references to supporting documentation should be submitted. The staff role(s) responsible for academic administration at each centre should be identified, and a description of related duties should be given. If the centre is a teacher training centre, the staff role(s) responsible for the administration of teacher training programmes should be identified, and a description of related duties should be given. Providers should include a description of procedures to

monitor compliance with copyright and intellectual property legislation, and the staff role(s) responsible for the management of this area should be described, with a description of related duties. Links/references to supporting documentation should be submitted.

> *Records of learner attendance, work completed, assessments, feedback and complaints will be inspected during the site visit.*
>
> *Please see Appendix Seven, Documents inspected during the site visit.*

Criteria 2.3.7-2.3.11 focus on teaching and learning. Policies and procedures on the management of planning, teaching, and learning at each centre should be described, with links/references to supporting documentation. A description of how standards of teaching and learning are managed and quality monitored at the centre should be given, with links/references to supporting documentation. A description should be given of how planning, teaching, and learning reflects the educational philosophy, approach, mission statement and strategic objectives of the ELE provider to help learners meet language learning objectives, with links/references to supporting documentation. A description of mentoring systems for newly qualified and less experienced academic managers, teachers and trainers should be given, with links/references to supporting documentation.

Providers should describe their emergency remote plan, including training for teachers, as required, with links/references to supporting documentation.

Providers should describe how planning and teaching skills for teaching and training staff are developed and monitored to ensure that they reflect the educational philosophy, approach and mission statement of the ELE provider, and meet learner needs and interests, as relevant to the programme. Links/references to supporting documentation should be included.

A description should be given of the systems in place to manage the quality assurance monitoring of lesson plans/schemes of work to assess how closely they match the overall objectives of the curriculum, syllabus, and monthly/weekly plans etc, in alignment to the CEFR, and how closely they meet learner needs. Records of quality assurance monitoring for the previous six months prior to submission of the IEMAS should be submitted.

Providers should describe the system of quality monitoring observations in each centre, considering the following: rationale, frequency, format, dissemination of feedback, records, and impact on academic staff development. Records of quality monitoring observations for the previous six months prior to submission of the IEMAS should be submitted.

> *A significant part of the site visit includes observations of lesson segments, with assessors aiming to observe at least 60% of all teachers and all types of lessons. Criteria 2.3.8, 2.3.9, and 2.3.10, if applicable, will be closely examined by the Assessors during the site visit to verify that these criteria are met.*
> *Records of quality monitoring observations will be inspected during the site visit.*
>
> *Please see Appendix Seven, Documents inspected during the site visit.*

4.4 Programme Design (QA Guidelines for ELE section 2.4)

In this section of the IEMAS, the provider is required to demonstrate how it meets **all applicable criteria** in the QA Guidelines for ELE section 2.4 relating to programme design, with supporting documentation to demonstrate how criteria are met.

Different criteria in section 2.4 of the QA Guidelines for ELE are linked to **section 7 of the ELE Code, Programme Design**. In sections 7.1 and 7.2 of the ELE Code, partial compliance with programme and assessment design in alignment with the CEFR is permitted for the initial IEM application, and CEFR-related criteria in section 2.4 of the QA Guidelines for ELE may also be partially met for the initial IEM application. Providers must fully meet these criteria by the time the mid-cycle self-assessment report is submitted 18 months following authorisation to use the IEM.

This section may be cross-referenced to section 3.4 (ELE section 7) above.

All criteria related to CEFR alignment in section 2.4 of the QA Guidelines must be fully met by the time the provider comes to submit their mid-cycle update report eighteen months following initial authorisation in order to fully demonstrate the suitability of their quality assurance procedures and therefore continue to be authorised to use the international education mark.

For criteria 2.4.1 and 2.4.2, a description of the provider's curriculum should be given and how it reflects the educational philosophy of the provider, with links/references to supporting documentation. A description should be given of the approach(es) taken (e.g., Communicative, Task Based Learning etc), and rationale(s) for approach(es), should be included. Providers should describe the rationale for the design of syllabus(es) and course programme/scheme of work design, and how this has been designed in alignment with the CEFR and learner needs and interests. Providers should describe the involvement of the academic governance committee/external expert in decision-making in relation to the design of the overall curriculum, syllabus(es) and programme(s), with links/reference to supporting documentation. The member(s) of the academic team responsible for curriculum, syllabus, and course programme/schemes of work development should be identified, outlining their roles and responsibilities, and these duties should be included in the job descriptions of relevant member(s) of staff.

A detailed description of all syllabuses and course programmes/schemes of work should be given, considering each of the areas in criterion 2.4.1.2, as applicable. Links to all ELE and teacher training programmes offered should be submitted, including the ELE/EAP element of foundation year programmes.

A description should be given of how the curriculum, syllabus and course programmes/schemes of work are monitored and reviewed and what factors are considered when modifications to the syllabus and course programmes are made (2.4.1.3). Links/references to supporting documentation should be submitted.

Criteria in 2.4.2 (a)-(j) focus on assessment systems. The assessment framework should be described in terms of the institutional approach to assessment. The academic team member(s) responsible for the management of assessment should be identified, and a description of duties should be included in the job description for each relevant member of staff. The practical management of testing procedures for all types of assessments should be given. Links/references to supporting documentation should be included.

The member(s) of the academic team responsible for assessment should be identified, outlining their roles and responsibilities, and these duties should be included in the job descriptions of relevant member(s) of staff.

A description should be included of each internal assessment (placement, diagnostic, informal, formative, summative) that takes place. A clear description should be included of how each test is designed, adapted, or selected, including the quality assurance procedures employed to measure validity, reliability and impact, and alignment to learner needs, programme learning outcomes and the CEFR. A description of the frequency and format of internal assessments should be given, as well as the practical management, standardisation, and moderation procedures. Links/reference to all internal assessments should be submitted.

Providers should outline external proficiency exams prepared for at the centre and describe selection processes by the academic governance committee/external expert in terms of validity, reliability and impact, and alignment to learner needs and the CEFR. Providers should describe exam preparation programmes, whether as a full programme or an additional programme, as well as practical matters, such as how often and where learners take the proficiency exam(s). A description of systems in place to manage the administration of proficiency exam(s) (information dissemination to current learners, arrangements for exam days, dissemination of results, record keeping of results) should be included, with links/references to supporting documentation. Providers should describe provisions made for learners with specific needs.

A description should be given, with links/references to supporting documentation, of supports offered to learners to help them prepare for internal and external assessments, as well as remedial supports. Providers should describe tutorials offered, when they take place during the programme, and how they are managed, including record-keeping. A description of reports given to learners should be given, and templates. Anonymised samples of completed reports, should be. The internal appeals process should be outlined. The provider should describe how security and integrity of assessment processes are managed. A description of how learners are informed of assessment procedures should be given and providers should include information on how learners are informed about academic integrity for internal and external assessments, and how this information is also disseminated at different times during the programme. Links/references to supporting documentation should be submitted.

If the provider is a teacher training centre, a description should be given of any input included on teacher training programmes on course design, principles of the CEFR and 'can-do' descriptors and the principles of assessment (criterion 2.4.3), with links/references to supporting documentation.

Criteria 2.4.4 (a)-(b) look at academic staff development and programme design. Providers should describe types of CPD offered to academic staff based on teacher needs, and CPD offered to staff on the provider's educational philosophy and mission statement, curriculum and syllabus, principles of the CEFR and alignment of the syllabus and curriculum to the CEFR, the development of programmes and materials aligned to the CEFR, and the development of assessment aligned to the CEFR. Descriptions of CPD for academic staff should consider rationale, type, frequency, format, staff role(s) involved, and record-keeping. Links to all ELE and teacher training programmes offered should be submitted, including the ELE/EAP element of foundation year programmes.

Records of CPD offered to academic staff for the previous 12 months prior to the submission of the IEMAS should be submitted, as well as sample seminar materials. A description should be given on training for non-academic staff on the principles behind the CEFR, and records of this training for the previous 12 months prior to the submission of the IEMAS should be submitted, as well as sample seminar materials.

Records of CPD and copies of seminars will be inspected during the site visit.

Please see Appendix Seven, Documents inspected during the site visit.

4.5 Supports and Services for International Learners (QA Guidelines section 2.5)

In this section of the IEMAS, the provider is required to demonstrate how it meets **all applicable criteria** in the QA Guidelines for ELE section 2.5 relating to programme design, with supporting documentation to demonstrate how criteria are met.

A description should be given of induction(s) and orientation(s) offered to new learners, including the applicable areas described in criterion 2.5.1 (i)-(xviii). Where applicable, the provider should describe inductions offered to non-EU/EEA/Swiss learners who require entry visas and/or immigration permissions, including the requirements learners must be made aware of in order to comply with immigration regulations (2.5.2 (a)-(c)). Providers should describe the management of inductions in terms of aims, types, format, frequency, duration, staff roles involved and record keeping. Records of inductions for the previous 12 months prior to submission of the IEMAS should be submitted.

Providers should describe the development of the student handbook and what is included, the staff role(s) responsible for the development of the handbook, the rationale, content, format, availability, and review procedures. Links/references to the student handbook(s) should be submitted (2.5.1 (a)).

A description/illustration should be included of the typical make up of learner L1s on all programmes offered (2.5.1 (b)). Providers should describe all academic supports offered to learners. The staff role(s) responsible for academic supports should be identified, and a description of their supports duties should be given. A description should be given of all study supports and advice for progress in English and information on further and higher education study opportunities, with links/reference to supporting documentation. A description should be given of materials and resources for self-study that are made available to learners. The staff role(s) responsible for self-study materials should be identified and a description of duties for this role should be given. A list of all academic supports and academic resources (both hard and digital copies) offered to learners should be submitted (2.5.3 (a)-(b)).

The staff role(s) responsible for learner welfare should be identified and a description of duties in this role should be given, with links/references to supporting documentation.

A description should be given of the events programme, including rationale, frequency (year-round and summer) links to academic programme (where applicable), staff: learner ratios, risk assessments, attendance-keeping, and records, with links/references to supporting documentation. The staff role(s) responsible for the events programme should be identified and a description of duties for this role should be given. Records of the events programme

for the previous 6 months prior to submission of the IEMAS, as well as sample notices/schedules, should be submitted (2.5.4 (a)-(d)).

Providers should describe exit certificates, attendance reports and academic reports, and sample anonymised completed certificates and attendance and academic reports should be submitted. A description should be given of policy and procedures regarding data storage systems and how this information is disseminated to learners, with links/references to supporting documentation. A description should be given of procedures to support learners who require study visas and/or immigration permissions and who intend to enrol on a further ELE programme with the current provider, another ELE provider, with links/references to supporting documentation. A description of procedures to support learners who intend to enrol on a programme of higher education should be given, with links/references to supporting documentation (2.5.5 (a)-(c)).

Records of inductions, orientations, tutorials and other meetings with learners and events programmes will be inspected during the site visit.

Please see Appendix Seven, Documents inspected during the site visit.

4.6. Staff Supports and Development (QA Guidelines section 2.6)

In this section of the IEMAS, the provider is required to demonstrate how it meets **all applicable criteria** in the QA Guidelines for ELE section 2.6 relating to staff supports and development, with supporting documentation to demonstrate how criteria are met.

Providers should describe induction procedures for all new staff members; aims, types, format, frequency, duration and record-keeping. The staff role(s) responsible for inductions should be identified and a description of duties for this role should be given. A description of types of support and offered to newly qualified and less experienced teachers and trainers should be given. Links/references to supporting documentation should be submitted. (2.6.1 (a)-(c)).

A description should be given of separate induction procedures for academic, administrative, and social events staff, as appropriate: aims, type, format, frequency, duration and record-keeping. Links/references to supporting documentation should be submitted.

Records of inductions for new staff for the previous 12 months prior to the submission of the IEMAS should be submitted.

Providers should describe the development of staff handbook(s) and what is included, the staff role(s) responsible for the development of the handbook(s) the rationale, content, format, availability, and review procedures. A copy of the staff handbook(s) should be submitted (2.6.1 (c); 2.6.2 (b)).

An overview should be included of CPD offered to all members of staff, considering rationale, aims, type, format, frequency, duration, record-keeping, and impact, including how this impact is measured, as applicable. Providers should describe how details of the educational philosophy and mission statement, curriculum, approach(es), syllabus and course programme(s)/schemes of work are disseminated to academic, administrative and marketing staff, as needed. A description of any cross-organisational staff training offered should be included. Links/references to supporting documentation should be submitted. The provider should include a description of any funding/scholarships offered to staff in the past

12 months prior to the time of the submission of the IEM application, along with a description of the rationale behind this funding. Any conditions included in the provision of funding, e.g., delayed reimbursement of programme fees following successful completion of a programme, should be described, with links/references to supporting documentation. (2.6.4 (a)-(c)).

Providers should describe internal and external CPD offered to administrative staff, considering the following rationale, aims, type, format, frequency, and record-keeping. The CPD plan for the previous 12 months prior to the submission of the IEMAS should be submitted, as well as links/references to sample seminars (2.6.5 (a)-(b)).

Providers should describe internal and external CPD offered to academic staff, considering the following: rationale, aims, type, format, frequency, and record-keeping. A link/reference to the CPD plan for the previous 12 months prior to the submission of the IEMAS should be submitted, as well as links/references to sample seminars, records of the developmental observation cycle, other types of observations and any external training/development offered, should be included. (2.6.6 (a)-(c)).

Providers should describe CPD offered to sales and marketing staff, considering the following: rationale, aims, type, format, frequency, record-keeping. The CPD plan for the previous 12 months prior to the submission of the IEMAS should be submitted, as well as links/references to sample seminars. (2.6.7 (a)-(c)).

The staff role(s) responsible for CPD should be identified and a description of duties for this role should be given.

Providers should describe policy(ies) and procedures in relation to performance reviews for all staff members, considering the following: rationale, aims, type, format, frequency, record-keeping, and impact, including measurement of impact, as appropriate. Sample anonymised completed performance reviews for the past 12 months prior to the submission of the IEM application should be submitted, as well as sample anonymised completed reviews. The staff role(s) responsible for performance reviews should be identified and a description of duties for this role should be given (2.6.8).

CPD records and materials and records of performance reviews will be inspected during the site visit.

Please see Appendix Seven, Documents inspected during the site visit.

APPENDIX ONE: IEM Application Statement Template
(Please note that this is a draft document, which be replaced by the final draft IEM Application Statement template)

Section 1: Introduction

Suggested maximum (excluding links): 500 words
Assessment Panel Comments

Dates not suitable for site visit

Please submit dates (up to 9 months from the date of the IEMAS submission) that are not suitable for the site visit, e.g., dates when there are no students or when key members of staff are not available, and the reason why in each case.

Date(s) not suitable for site visit	Reason(s) not suitable

ELE programmes and learner week numbers

Please list all **full-time** ELE programmes offered, i.e., programmes of a minimum of 15 60-minute hours' duration per week, in the table below. Please include programme length, if learners are not enrolled on a rolling enrolment basis, applicable awards, as relevant, and

the total number of learner weeks for the calendar year prior to submission of the IEMAS, e.g., if the IEMAS is submitted in 2024, the learner week numbers should be for the 2023 calendar year, i.e., January-December 2023. Please see **Appendix Three** for a definition of learner weeks and how to calculate learner weeks.

Please select from the programme options below:

General English (adults)

Exam preparation leading to an external proficiency exam

Specialised English (e.g., English for Business, Law)

Individual (15+ hours per week)
Academic Year (25+ week programme)
Summer programme (under 18 years old)
Summer programme (16-19 years old)
Closed group (under 18 years old)
Closed group (adults)
Online (15+ hours per week)
Foundation Year: all modules
Foundation Year: English modules (e.g., in collaboration with a HE provider)
Pre-sessional/in-sessional (e.g., in collaboration with a HE provider – please state if the programme is run off-site at the HEI)
Teacher training programme leading to an external award
Teacher training programme, e.g., Erasmus+ CLIL, Methodology
(Please add other full-time ELE programmes as required).

Programme	Length*	Award** (if applicable)	No of learner weeks

(Please add more rows as required)

If the programme operates on a rolling enrolment basis, please state this as follows: RE.

***Please include the full name and level of the examining body for each ELE exam/teacher training programme, as appropriate.*

Nationality and learner week numbers

Please complete the table below in alphabetical order for the calendar year prior to submission of the IEMAS. Please include all categories of international learners, both EU/EEA/Swiss and non-EU/EEA/Swiss, and add rows as needed. Please do **not** include Irish/UK/Northern Ireland nationals. Learner week numbers should be for the previous calendar year prior to the submission of the IEMAS. e.g., if the IEMAS is submitted in 2024, the learner week numbers should be for the 2023 calendar year, i.e., January-December 2023. Please see **Appendix Three** for a definition of learner weeks and how to calculate learner weeks.

Nationality of ELE learner	Total number of learner weeks

(Please add more rows as required)

Non-ELE programmes (further education and training; higher education)

Programme type	Programme length	Award and NFQ Level (if applicable)	No of learners*

(Please add more rows as required)

Please submit learner numbers for the academic year prior to submission of the IEMAS, e.g., for a submission in 2024, please submit learner numbers for the academic year 2022-2023.

Other services offered

Suggested maximum (excluding links): 200 words
Assessment Panel Comments

Organisational structure

Suggested maximum (excluding links): 250 words
Assessment Panel Comments

Section 2: Methodology

Suggested maximum (excluding links): 500 words
Assessment Panel Comments

Section 3: Self-assessment of compliance with ELE Code criteria

3.1 General Statutory Requirements: Access, transfer and progression (ELE Code section 4.2)

Self-Declaration *This criterion must be fully met.*	Fully Met (Yes/No)	Partially Met (Yes/No)	AP Only
Description of access, transfer and progression arrangements, with supporting documentation: *Suggested maximum (excluding links): 250 words*			
Assessment Panel Comments			

3.2 Requirements for Premises (ELE Code section 5)

Premises are suitable for the provision of English Language Education and associated services to international learners, and for all staff members to complete their work duties effectively.

Each centre is suitable for the provision of ELE to international learners. Each centre...

Self-Declaration *All criteria in this section must be fully met. In the description below, please refer to specific criteria in the ELE Code, section 5.* *(All requirements below marked * also apply to temporary classroom spaces.)*	Fully Met (Yes/No)	AP Only
(i) has planning permission for educational use*;	Fully Met (Yes/No)	
(ii) has all necessary building requirements in place, e.g., fire safety and insurance*;	Fully Met (Yes/No)	

(iii) has capacity that is adequate and suitable for all members of staff and all currently enrolled learners at the premises at any one time*;	**Fully Met** **(Yes/No)**	
(iv) has suitable temperature, ventilation and light throughout the centre*;	**Fully Met** **(Yes/No)**	
(v) has classrooms that are suitable in size for the number of learners and teachers assigned to each classroom, have sufficient light and suitable acoustics, and are appropriately equipped for the purpose of provision of ELE to international learners*;	**Fully Met** **(Yes/No)**	
(vi) has suitable and adequate space reserved exclusively for the use of academic staff to plan lessons and consult with colleagues;	**Fully Met** **(Yes/No)**	
(vii) has suitable and adequate rest and study areas that are available to learners;	**Fully Met** **(Yes/No)**	
(viii) has suitable and adequate rest areas that are available to staff;	**Fully Met** **(Yes/No)**	
(ix) has adequate toilet facilities for all members of staff and all currently enrolled learners at the premises at any one time*;	**Fully Met** **(Yes/No)**	
(x) is well maintained and clean*.	**Fully Met** **(Yes/No)**	
Description of demonstration of compliance, with supporting documentation: *Suggested maximum (excluding links): 1000 words*		
Assessment Panel Comments		

3.3: Operational, Risk and Human Resources Management (ELE Code section 6)

Operational, risk and human resource management systems and procedures are fit for purpose, meet the operational and quality assurance needs of the ELE provider and meet all legislative requirements.

ELE providers are required to demonstrate compliance with the following criteria in the areas of operational, risk and human resources management.

Self-Declaration (Please indicate if the provider fully or partially meets criteria) ELE providers are required to declare which criteria are fully met or which criteria are partially met. Where partially met, providers must set realistic timelines for full compliance, meeting QQI requirements. In the description below, please refer to specific criteria in the ELE Code section 7.	Fully Met (Yes/No)	Partially Met (Yes/No)	AP Only
6.1 Data management	Fully Met (Yes/No)		
6.2 Corporate and academic governance	Fully Met (Yes/No)		
6.3 Risk management	Fully Met (Yes/No)		
6.4 Change and crisis management	Fully Met (Yes/No)		
6.5 Partnerships and collaborations	Fully Met (Yes/No)		
6.6 Human resources (6.6.3 (a) and (b) may be partially met for the initial IEMAS submission)	Fully Met (Yes/No)		
6.7 Operational academic management (6.7 (e) and (f) may be partially met for the initial IEMAS submission)	Fully Met (Yes/No)		
6.8 Grievances	Fully Met		

	(Yes/No)		

Description of demonstration of compliance, with supporting documentation:

Suggested maximum (excluding links): 1000 words

Assessment Panel Comments

3.4: Programme Design (ELE Code section 7)

There is a clear and well-designed programme framework in place, where the curriculum, syllabus(es), course programme(s) and assessment framework(s) are clearly and closely aligned to the Common European Framework of Reference for Languages (CEFR), and which meets the needs of learners.

Self-Declaration (please indicate if the provider fully or partially meets these criteria) ***All criteria in this section must be fully or partially met. If partially met, providers must set realistic timelines for full compliance, meeting QQI requirements. In the description below, please refer to specific criteria in the ELE Code section 7.***	Fully Met (Yes/No)	Partially Met (Yes/No)	AP Only
7.1 Curriculum, syllabus and course programme/scheme of work design (this criterion may be partially met for this IEMAS).			
7.2 Assessment systems (this criterion may be partially met for this IEMAS).			

Description of demonstration of compliance, with supporting documentation:

Suggested maximum (excluding links): 500 words

3.5: Supports and Services for International Learners (ELE Code section 8)

Conditions for learners reflect the organisational mission and objectives of the ELE provider and support the provision of high-quality ELE and associated services to international learners. Providers foster an environment which supports the well-being and integration of all learners into the student body and community and ensure a positive learning experience for learners.

ELE providers are required to comply with the following applicable criteria in the areas of supports and services for international learners.

Self-Declaration (Please indicate if the provider fully meets applicable criteria) ***All applicable criteria in this section must be fully met and justification must be given where criteria are not applicable. In the description below, please refer to specific criteria in the ELE Code section 8.***	**Fully Met** **(Yes/No)**	**AP Only**
8.1 Learner support and welfare		
8.2 Learner orientation and induction		
8.3 Learner requiring entry visas and/or immigration permissions		
8.4 Accommodation		
8.5 Safeguarding		
8.6 Complaints and grievance procedures		
Description of demonstration of compliance, with supporting documentation: *Suggested maximum (excluding links): 250 words*		

Assessment Panel Comment (when applicable)

3.6: Marketing and Recruitment (ELE Code section 9)

ELE providers recruit international learners, whether directly or with recruitment agents, in a transparent and ethical manner. They ensure that clear, accurate, transparent, accessible, relevant and up to date information is provided in all marketing and promotional materials.

Self-Declaration (Please indicate if you fully or partially meet these criteria) *Criterion 9.1 must be fully met. Criterion 9.2 may be partially met for the initial IEMAS submission. If 9.2 is partially met, providers must set realistic timelines for full compliance, meeting QQI requirements.* *In the description below, please refer to specific criteria in the ELE Code section 9.*	Fully Met (Yes/No)	Partially Met (Yes/No)	AP Only
9.1 Marketing Information			
9.2 Partnerships with education agents, recruitment partners and consultants (pay be partially met for the initial IEMAS submission)			

Description of demonstration of compliance, with supporting documentation: *Suggested maximum (excluding links): 500 words*
Assessment Panel Comments

3.7: Enrolment, Fees, Refunds and Subsistence (ELE Code section 10)

ELE providers provide all learners with clear, accurate, transparent, accessible, relevant and up to date information on all study-related costs, including tuition, materials, travel,

subsistence, health care and accommodation. ELE providers inform learners about fees and other costs associated with undertaking an ELE programme of study in Ireland.

ELE providers are required to demonstrate compliance with the following criteria in the areas of enrolments, fees, refunds and subsistence.

Self-Declaration (Please indicate if you fully or partially meet these criteria) *All criteria in this section must be fully met. In the description below, please refer to specific criteria in the ELE Code section 6.*	Fully Met (Yes/No)	AP Only
10.1 Fees and terms and conditions		
10.2 Enrolment procedures		
Description of demonstration of compliance, with supporting documentation: *Suggested maximum (excluding links): 250 words*		
Assessment Panel Comments		

Section 4: Self-Assessment of the Suitability of Quality Assurance Procedures, Having Regard to and Meeting QA Guidelines for ELE Criteria

4.1: Organisational Structures (QA Guidelines section 2.1)		
ELE providers are required to demonstrate how it meets the applicable criteria set out in Organisational Structures.		
Self-Declaration (Please indicate if you fully meet these criteria) *All applicable criteria in this section should be fully met. In the description below, please refer to specific criteria in the QA Guidelines section 2.1.*	Fully Met (Yes/ No)	AP Only
2.1.1 Organisational and administrative structures		

2.1.2 Administrative staffing		
2.1.3 Administrative systems		
2.1.4 Communications		

Description of meeting criteria, with supporting documentation:

Suggested maximum (excluding links): 500 words

4.2: Management and Governance of Quality Assurance (QA Guidelines section 2.2)

ELE providers are required to demonstrate how it meets the applicable criteria set out in Management and Governance of Quality Assurance.

Self-Declaration (Please indicate if you fully or partially meet these criteria) *All applicable criteria in this section should be fully met. In the description below, please refer to specific criteria in the QA Guidelines section 2.2.*	Fully Met (Yes/ No)	AP Only
2.2.1 Quality assurance systems		
2.2.2 Quality assurance policies and procedures		
2.1.3 Quality assurance reviews		

Description of demonstration of compliance, with supporting documentation:

4.3: Academic Management Structures (QA Guidelines section 2.3)

Self-Declaration (Please indicate if you fully or partially meet these criteria) *ELE providers are required to indicate which criteria are fully met or which criteria are partially met.* ***If partially met, providers must set realistic timelines for full compliance, meeting QQI requirements.***	Fully Met (Yes/No)	Partially Met (Yes/No)	AP only
2.3.1 Qualifications and experience			
2.3.2 Communications			
2.3.3 Programme development			
2.3.4 Academic Materials			
2.3.5 Attendance at briefings and conferences			
2.3.6 Operational academic management			
2.3.7 Teaching and learning			
2.3.8 Lesson planning			
2.3.9 Lesson delivery			
2.3.10 Online provision			
2.3.11 Monitoring of lesson planning and delivery			

Description of demonstration of compliance, with supporting documentation:

Suggested maximum (excluding links): 1000 words

Assessment Panel Comment (when applicable)

4.4: Programme Design (QA Guidelines section 2.4)		
Self-Declaration (Please indicate if you fully or partially meet these criteria)	**Fully Met** **(Yes/No)**	**Partially Met** **(Yes/No)**
ELE providers are required to demonstrate how it meets the applicable criteria set out in Programme design. *All applicable criteria in this section should be fully met, unless otherwise stated below. If partially met, providers must set realistic timelines for full compliance, meeting QQI requirements. In the description below, please refer to specific criteria in the QA Guidelines section 2.4.* 2.4.1 Curriculum and syllabus design (providers may partially meet this criterion for the initial IEMAS submission) 2.4.2 Assessment systems (providers may partially meet this criterion for the initial IEMAS submission) 2.4.3 Teacher training centres and programme design 2.4.4 Academic staff development and programme design		
Description of demonstration of compliance, with supporting documentation: *Suggested maximum (excluding links): 500 words*		
Assessment Panel Comments		

4.5: Supports and Services for International Learners (QA Guidelines section 2.5)		
ELE providers are required to demonstrate how it meets the applicable criteria set out in Supports and Services for International Learners:		
Self-Declaration (Please indicate if you fully meet these criteria) *All applicable criteria in this section should be fully met. In the description below, please refer to specific criteria in the QA Guidelines section 2.5.*	**Fully Met** **(Yes/No)**	**AP Only**
2.5.1 Learner orientation and induction		

	Fully Met (Yes/No)	AP Only
2.5.2 Learners requiring entry visas and/or immigration permission		
2.5.3 Academic supports		
2.5.4 Events programme		
2.5.5 Exit procedures for enrolled learners		
Description of demonstration of compliance, with supporting documentation: *Suggested maximum (excluding links): 500 words*		
Assessment Panel Comments		

4.6: Staff Supports and Development (QA Guidelines section 2.6)

ELE providers are required to demonstrate how it meets the applicable criteria set out in Staff Supports and Developments:

Self-Declaration (Please indicate if you fully or partially meet these criteria) *All applicable criteria in this section should be fully met. In the description below, please refer to specific criteria in the QA Guidelines section 2.4.*	Fully Met (Yes/No)	AP Only
2.6.1 Induction procedures		
2.6.2 Academic staff induction		
2.6.3 Student social events staff induction 2.6.4 Staff training and development 2.6.5 Administrative staff training and development 2.6.6 Academic staff training and development		
2.6.7 Sales and marketing staff training and development		
2.6.8 Performance reviews		
Description of demonstration of compliance, with supporting documentation: *Suggested maximum (excluding links): 500 words*		

Assessment Panel Comments

APPENDIX TWO: Staff Lists

Please submit separate staff lists for each of the ELE provider's centres in the State, including temporary centres, if operational when the provider submits its IEMAS. Each centre should be clearly named.

1 Teaching and teacher training staff (including academic management roles)

Name	Position	Type of employment contract and date(s) of current contract.	No of contact teaching hours (and admin hours) per week	NFQ Level 7 qualification or equivalent*	ELT qualification**	ELT experience, including current role***

(please add rows as needed)

*Please include name and city of institution, type of qualification, grade and year of award, or please describe relevant experience and training, as per the requirements set out in Appendix 4 of the ELE Code.

**Please include name and city of institution, type of qualification, grade and year of award. Please include details of assessed teaching practice, if the award is not universally recognised. If no teaching practice is included in the award, please outline assessed teaching practice arrangements as per the requirements set out in Appendix 4 of the ELE Code.

*** Please include roles with previous ELE providers, name and city of provider(s) and employment dates.

2 Management, administrative, activity, accommodation, cleaning, catering and maintenance staff

Name	Position	Type of employment contract, hours per week and date(s) of current contract.	Qualification or equivalent*	Relevant experience, including current role**

(please add rows as needed)

*Please include name and city of institution, award, grade and year of award; alternatively, please describe relevant experience and training.

**Please include name and city of previous employers, if any, role(s) and employment dates.

APPENDIX THREE: Definition and Calculation of Learner Weeks

Definition of learner week

One learner week is defined as one learner enrolled on an ELE programme with an ELE provider of a minimum of 15 60-minute taught hours for one week.

Calculation of learner weeks

To calculate learner weeks, multiply the number of learners by the number of weeks of their programme of study. Please see examples of enrolment types below:

1 Learners enrolled on one ELE programme

Learner weeks for learners enrolled on **one ELE programme** are calculated by multiplying the number of learners by the number of weeks of their programme. Please see examples below:

1.1 Example learner A

General English Programme (15 hours per week) x 8 weeks x 1 learner = 8 learner weeks

1.2 Example learner group A

Cambridge First Exam Preparation Programme (20 hours per week) x 8 weeks x 10 learners = 80 learner weeks

1.3 Example learner group B

Study/Work Programme (20 hours per week) x 25 weeks x 10 learners = 250 learner weeks

2 Learners enrolled on consecutive programmes (re-enrolment)

Learner weeks for learners enrolled on two or more **consecutive programmes** are calculated separately for each programme. Please see examples below:

2.1 Example learner

Programme 1: General English Programme (15 hours per week) x 4 weeks = 4 learner weeks

Programme 2: General English Programme (15 hours per week) x 2 weeks = 2 learner weeks

Total no of learner weeks for this learner = 6 learner weeks

2.2 Example learner group

Programme 1: General English Programme (20 hours per week) x 25 weeks x 10 learners = 250 learner weeks

Programme 2: General English Programme (20 hours per week) x 25 weeks x 10 learners = 250 learner weeks

Total no of learner weeks for this learner group = 500 learner weeks

In the cases above, it does not matter if any time elapses between Programme 1 and Programme 2 or if Programme 2 immediately follows Programme 1. They are still calculated as separate learner weeks.

3 Learners on concurrent programmes

Learners on two or more **concurrent programmes** are calculated just once. Please see examples below:

Example learner A

General English Programme (15 hours per week) plus One to One Programme (5 hours per week) x 8 weeks = 8 learner weeks

Example learner group A

General English Programme (15 hours per week) plus One to One Programme (5 hours per week) x 8 weeks x 10 learners = 80 learner weeks

Example learner group B

General English Programme (20 hours per week) plus Business English Programme (5 hours per week) x 1 week x 10 learners = 10 learner weeks

APPENDIX FOUR: Site visit schedule template

Providers should complete a provisional site visit schedule using this template and return to QQI within 5 working days of receipt of the Outstanding Queries Report and Site Visit Notification. The Lead Assessor will review and make suggested amendments, as appropriate. Any changes to the schedule should be communicated to QQI prior to the site visit. Last-minute changes will be discussed and agreed with Assessors on their arrival at the centre.

Please find a sample two-day site visit schedule in Appendix Five and a list of essential meetings/activities to be included in the schedule in Appendix Six.

Site visit information	
Provider name	
Number of site visit days	
Dates of site visit	

Assessor accommodation information	
Accommodation name	
Accommodation Address	
Arrival Date	
Departure Date	
Accommodation website	
Provider emergency contact name and number	
Transfer details (where required)	

Schedule – Day 1			
Time	Activity	Attendees/organisers	To be completed by AP

Schedule – Day 2 (if required)			
Time	**Activity**	**Attendees/organisers**	**To be completed by AP**

Schedule – Day 3 (if required)			
Time	**Activity**	**Attendees/organisers**	**To be completed by AP**

APPENDIX FIVE: SAMPLE 2-day site visit schedule

Day before site visit: hard copy of teaching schedule, with teachers' names, types of programme, levels, materials and room numbers, to be left at Assessors' hotel, along with other useful information, e.g., each teachers' schedule for the week of the site visit.

Day 1				
Time	**Activity**	**Location**	**Attendees/organisers**	**To be completed by AP**
08:30	Arrival, tour of centre, introduction to teachers, visit to Assessors' room	Main building	Director, Director of Studies	LK; JV
08:50	Final amendments to schedule	DOS office	Director, Director of Studies	LK; JV
09:00-10:30	Lesson observations	Main building	Director of Studies	LK; JV
10:30-10:50	Student focus group meeting	Room 5	Students based in main building	LK
10:30-10:50	Teacher/trainer focus group meeting	Room 7	Teachers based in main building	JV
10:50-11:10	Coffee	Café	Assessors	LK; JV
11:10-12:30	Lesson observations	Main building	Director of Studies	LK; JV
12:30-13:15	Lunch	Café	Assessors	LK; JV
13:30-14:30	Meeting with SMT	Board room	Director, Director of Studies, Marketing Director, Head of Admin, Head of Exams	LK; JV
14:30-15:30	Meeting with academic management team	Board room	Director of Studies, Assistant Director of Studies, Head of Exams, Head of Teacher Training, Young Learner Coordinator	LK; JV
15:30-16:20	Lesson observations	Main building	Director of Studies	LK
15:30-15:50	Admin staff focus group meeting + coffee	Main building	Head of Administration	JV
15:50-16:50	Accommodation provider calls	Board room	Accommodation Officer	JV (& LK from 16:20)
16:50-18:20	Documentation review	Assessor room	Assessors	LK; JV

Day 2				
Time	**Activity**	**Location**	**Attendees and roles**	**To be completed by AP**
08:45	Arrival at centre and final amendments to schedule; brief introduction to teachers in Building 2	Building 2	Director, Director of Studies	LK; JV
09:00-10:30	Lesson observations	Building 2	Director of Studies	LK; JV
10:30-10:50	Student focus group meeting	Room B	Students based in Building 2	LK
10:30-10:50	Teacher/trainer focus group meeting	Room C	Teachers/trainers based in Building 2	JV
10:50-11:10	Coffee	Café	Assessors	LK; JV
11:10-12:30	Lesson observations	Building 2	Director of Studies	LK; JV
12:30-13:15	Lunch	Café	Assessors	LK; JV
13:30-14:15	Meeting with administrative management team	Board room	Head of Admin; Head of Enrolments; HR Manager; Accommodation Coordinator	LK
13:30-14:15	Meeting with sales and marketing team	Assessor room	Marketing Director; Sales Director; sales executives	JV
14:15-14:35	Activities team focus group meeting	Assessor room	Activities Coordinator; activity leaders	JV
14:15-15:45	Follow up meetings	Assessor room	As required	LK; JV joins at 14:35
15:45-16:45	Feedback preparation + coffee	Assessor room	Assessors; coffee to be delivered to Assessor room at 15:45	LK; JV
16:45-18:15	Feedback meeting	Board room	SMT and other members of staff, as appropriate	LK; JV

APPENDIX SIX: List of essential meetings/activities to include in the site visit schedule and suggested duration

Schedule	Suggested duration	Activity
Arrival on Day 1	20 mins	Tour of premises, Assessors are given key to their room, brief introduction to teachers, review of schedule with organiser.
Lessons AM/PM	as per lesson schedules	Quality monitoring observations: 20-minute observations of lesson segments, with the assessors aiming to observe a minimum of 60% of teachers and all types of lessons delivered at the ELE provider's main centre (including temporary classrooms) on the day(s) of the site visit, and to observe a complete range of the teaching/training team in terms of qualifications and experience present on the day(s) of the site visit. Providers should schedule the necessary time to allow the Assessors meet the aims above, including multiple observation slots in the morning and afternoon schedules, as required. (At larger centres, it may not be possible to observe 60% of teachers and lessons and in this case, the organiser should schedule times to enable as many 20-minute observations as possible within the site visit schedule.)
When suits	60 mins	Senior Management Team meeting*. This should be arranged as early as possible on Day 1 of a 2/3-day site visit, and as early as possible on a 1-day site visit.
When suits	60 mins	Academic Management Team meeting*. This should be arranged on Day 1 of a 2/3-day site visit, and as early as possible on a 1-day visit.
When suits	60 mins	Administrative Management Team meeting*.
When suits	60 mins	Sales and Marketing Team*
When suits	60 mins	Documentation review. Assessors will review documentation not submitted for the desk-based assessment. This includes staff CVs, qualifications, contracts, job descriptions, and student attendance, classwork completed and all assessment records for the current calendar year.
When suits	30-60 mins (1 or 2 AP members)	Accommodation provider calls (homestay and residential, as appropriate). Providers will supply AP with current provider list(s) and AP will select providers to call.
When suits	20 mins	Activities team focus group meeting.
Morning, lunch, afternoon break, or other time that suits teachers	20 mins	Teacher focus group meeting. Separate meetings should be scheduled if teachers are based in different buildings and cannot get to the main building during break time.
Morning, lunch, afternoon break, or other time	20 mins	Student focus group meeting. Separate meetings should be scheduled if students are based in different buildings and cannot get to the main building during break time.

that suits students		
Lunch	60 mins	Provider to arrange lunch for assessors onsite or at a nearby restaurant (within a 5-minute walk from centre – paid for by the provider)
Assessor meeting	30 mins	This should be arranged at the end of the morning on a 1-day site visit, at the end of Day 1 on a 2-day site visit and at the end of Days 1 and 2 on a 3-day site visit. Assessors should have access to a lockable room for these, and other, meetings, for the duration of the site visit, and water should be made available to the Assessors as needed.
Coffee	20 mins	This should be included in the morning and afternoon. If it is not possible to include a break in the afternoon, coffee should be taken to the room where the Assessors have meetings at a suitable time.
Towards end of site visit.	60 mins	Follow up meetings to be arranged by Assessors with relevant staff members as needed.
Prior to feedback meeting	60 mins	Preparation of feedback. The Assessors will complete this in the Assessor room.
End of final day	60 mins	This meeting will be with the SMT, as well as other staff members the SMT would like to invite.

* In the case of smaller ELE providers, this may be a small team, and people may have dual roles, e.g., the Academic Manager may also be the Director, but separate meetings should be scheduled for each specific purpose.

APPENDIX SEVEN: Documents inspected during the site visit*

The following is a sample list of core documents to give providers an idea of what documents should be made available during the site visit for the AP to inspect. The AP may also request other documents. All records should include documentation for the previous 12 months prior to the site visit.

1. Staff:
   - CVs
   - copies of qualifications
   - employment contracts
   - job descriptions
   - records of induction
   - records of CPD and seminar materials
   - records of performance reviews
   - records of lesson observations (teachers)
   - staff surveys conducted in the last 12 months
   - records of grievances and measures taken
   - records of disciplinary actions and measures taken

2. Learners:
   - records of inductions, orientations, tutorials, and other meetings
   - records of attendance
   - records of assessments: placement testing, formative assessments (assignments, progress tests), summative assessments, including external proficiency examinations, where applicable
   - records of feedback (e.g., questionnaires, surveys, focus group meetings, class rep meetings) and follow-up actions
   - records of complaints/grievances and measures taken
   - records of certificates and academic reports issued in the last 12 months

3. Other:
   - records of work completed by teachers: syllabus coverage, pacing, weekly plans/schemes of work or similar
   - records of events programme notices
   - records of risk assessments for events/visits
   - contracts/agreements with education agents, recruitment partners and consultants
   - any other documents not submitted with the IEMAS and not requested by the Lead Assessor during the desk-based assessment stage