

# EALTA Institutional Member Application Form

Please provide in the shaded area the following information (and attach any further information required or which you consider relevant):

## 1. Institution/affiliation

- a) Name of institution/affiliation:
- b) Is this institution private, or part of the public sector?
- c) If private, is the institution recognised by a regulating body in your district/country? (please specify)
- d) Does the institution have a branch office in a country that is one of the members of the Council of Europe?

## 2. Postal address

## 3. Web address

## 4. Key contact + contact details

## 5. Main activities of institution

*Please give a very brief overview of your institution's activities, making it clear whether language testing and assessment (LTA) is the principal activity, or part of a broader activity, such as teaching.*

## 6. Institutional activities specifically related to language testing/assessment (LTA)

- a) *Please give an overview of LTA activities, specifying the extent to which these involve administering external tests or producing assessment instruments/methods, or both.*
- b) *Please attach/give links to material which demonstrates the quality of any internally produced LTA instruments (such as test samples with specifications and criteria, reports)*
- c) *If specific claims are made about LTA instruments, such as CEFR linking, please provide evidence to support this.*

## **7. Languages and students numbers**

*Please list the main languages concerned and the approximate number of students assessed yearly.*

## **8. LTA staff**

- a) *Please give an overview of the size and composition of staff involved in LTA, with an indication of relevant qualifications/experience in LTA.*
- b) *Please specify whether and how long any of your staff members have been individual members of EALTA. (Please note that it is a requirement that at least one member of your staff has previously been an individual member of EALTA.)*
- c) *Please specify whether your institution/its staff members have affiliation to other LTA or language teaching organizations.*

## **9. Motivation for becoming an institutional member of EALTA**

- a) *Please give an overview of the reasons for becoming an institutional member of EALTA.*

## **9. Any other information which may be relevant**

## **10. Referee**

*Please give the name of a person in good standing of the LTA community (preferably an EALTA member), who is familiar with your institution, and would be willing to act as referee. Please note that the referee must not be a current member of the EALTA Executive Committee or EALTA Membership Committee.*

## **11. The EALTA Guidelines for Good Practice**

Have you studied and understood the EALTA Guidelines for Good Practice, and, on behalf of your institution, with their permission, do you agree to adhere to these?

YES/NO (delete as appropriate)

Your name:

**12. The EALTA logo policy**

Have you studied and understood the EALTA logo policy, and, on behalf of your institution, with their permission, do you agree to adhere to this?

YES/NO (delete as appropriate)

Your name:

