**Name of ELT Centre (Trading Name)**

**Mailing address of ELT Centre**

**Address used for ELT delivery (if different from above)**

**CRICOS Provider Code**

**Number of NEAS member centres**

**owned by the Legal Entity Regulator (Australia)**

**Industry membership (other than NEAS)**

**Phone Number**

**Additional phone numbers**

**General email address**

**Website**

**Name of Ultimate Holding Entity**

**ACN (if company)**

**ABN**

**Postal address of registered office of Ultimate Holding Entity**

**ELT CENTRE CENSUS**

**Is the Name of the Legal Entity (Provider) different from the Name of the Ultimate Holding Entity (above)**

**Name of Legal Entity (Provider)**

**ACN (if company) of Legal Entity (Provider)**

**ABN of Legal Entity (Provider)**

**Postal address of registered office of Legal Entity (Provider)**

# PREMISES

**List any changes to premises in the last 12 months**

# FACILITIES

**Please indicate all facilities available to students in addition to classrooms:**

# MANAGEMENT

**Name of Principal Executive Officer**

**Email address**

**Name of Principal Administrator**

**Email address**

Please note: All electronic correspondence will be sent to this email address.

**Name of Academic Manager**

**Qualifications and TESOL experience**

**Email** john@example.com

**Does the Academic Manager have a teaching load?**

**If yes, indicate hours per week** 1

# STUDENT DATA

Please note, all data provided will be treated as commercial in confidence by NEAS. Please contact NEAS if you have any questions related to this.

|  |  |
| --- | --- |
| **Number of shifts currently offered** | Number |
| **Number of classrooms currently used** | Number |
| **Total students enrolled in the last financial year** |  Number  |
| **Total student weeks enrolled in the last financial year** | Number |
| **Number of students under 18 currently enrolled (if any)** | Number |
| **Gross annual turnover from all ELT activity in the last financial year** | Number |
| **COUNSELLING** |  |
| **Staff member responsible for welfare counselling** |  |

**Relevant qualifications and experience of incumbent AND/OR resources available**

# TEACHER DETAILS

**Number of Employed Teachers** 1

**Please upload Spreadsheet A - Current teachers on NEAS Endorsed Courses. Must be .xlsx file. Employed Teachers Template**

**xlsx**

# COURSE DETAILS

**Please upload a list all the Non-Award Courses that your organisation offers. Non-Award Courses Template**

**xlsx**

# STUDENT SUPPORT

**Please indicate key resources, services, partnerships in place to support international students:**

# NEAS SERVICES AND PROFESSIONAL DEVELOPMENT

**Please indicate the NEAS services utilised by the Centre in the last financial year:**

**Please provide the number of staff that attended the below NEAS Professional Development Activities in FY2021**

|  |  |  |
| --- | --- | --- |
|  |  | **No. of staff** |
| **QLS Workshop** |  |  |
| **Online Course** |  |  |
| **Webinar** |  |  |
| **Customised PD session** |  |  |
| **Conference** |  |  |

Thank you for completing the 2021 NEAS Census. Click below to submit.