



SUMMARY OF PROVIDER INFORMATION ADULT MIGRANT ENGLISH PROGRAM

This form is used by NEAS to update provider information and provide a basis for ongoing monitoring. The relevant pages of this form may be photocopied if more space is needed.

CONFIDENTIALITY

The information in this form remains confidential to NEAS. It is made available to NEAS Assessors engaged by NEAS subject to a contract of confidentiality to assess providers for compliance with AMEP requirements, and will also be made available to the Commonwealth.

Contract

DISTANCE LEARNING

Website

Contact Person

Person with whom NEAS will liaise on information included in this form and the scheduling of on-site assessments

Name

Postal Address

Email

Phone

Contract Manager

Person identified by the Commonwealth as Contract Manager, with overall responsibility for AMEP service delivery, to whom NEAS will send formal notification of the result of on-site assessments

Name

Postal Address

Email

Phone

Declaration by Contract Manager

I confirm that the information contained in this annual return is complete and correct and that all staff to whom this document refers have been advised of the confidentiality clause above.

Signature of Contract Manager

PLEASE SUBMIT THE COMPLETED FORM WITH THE FOLLOWING ATTACHMENTS (see note below)

AMEP QUALITY ASSURANCE

- Complaints procedures as made available to AMEP clients – include URL of electronic version
- Current Promotion Plan
- Current promotional material for the provider's AMEP activities other than material produced by the Commonwealth
- Current tuition timetable for each teacher listed in this form
- Pre-course information made available to clients by DL provider
- Current professional development plan
- Sample client individual pathway guide
- Current schedule of counsellor availability
- Sample client satisfaction survey
- Brief description of helpdesk facility
- Brief description of how AMEP Service Delivery Principles are made available to AMEP clients – include URL if applicable

NOTE: The completed form and attachments may be submitted electronically on CD/DVD or other suitable media, clearly marked 'AMEP Distance Learning'.

If submitting documents in hard copy, please include two (2) copies of the form and each attachment listed above. Please do not submit documents in plastic sleeves.

PLEASE FORWARD THE COMPLETED FORM WITH THE REQUIRED ATTACHMENTS TO:

**NEAS
Level 2, 189 Miller Street
North Sydney NSW 2060**

**(02) 9954 6077
amep@neas.org.au**

1. DELIVERY LOCATIONS

Provide details for all current and planned delivery locations from which Distance Learning will operate.

<i>Location Name and Street Address</i>	<i>On-site Manager</i>	<i>No. of DL teachers at this location</i>	<i>No. of AMEP clients undertaking DL through this location</i>	<i>No. of computers used for DL at this location</i>
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	Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Contact Phone	<input type="text"/>			
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Provide details of qualifications and experience of all current **AMEP counsellors**.

Counsellor's First Name	Counsellor's Surname	Summary of relevant qualifications	Years of relevant experience	Delivery location at which counsellor is based

Thank you for completing this form.

Please ensure that:

- if submitting documentation in hard copy, **two (2) copies** of the attachments listed on Page 1 are included; and
- the **Contract Manager has signed** where indicated on Page 1