



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

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

- Copy of local government approval for designated use of delivery locations listed in this form – for delivery locations new in current year
- List of childcare centres used, indicating evidence of registration
- Complaints procedures as made known to AMEP clients
- Current Promotion Plan
- Current promotional material for the provider's AMEP activities, including the Home Tutor Scheme, other than material produced by the Commonwealth
- Current tuition timetable for each delivery location listed this form
- Term dates for current year
- Pre-course information made available to clients at entry interview
- Current professional development plan
- Sample client individual pathway guide
- Current schedule of counsellor availability for each delivery location
- Sample client satisfaction survey

NOTE: The completed form and attachments may be submitted electronically on CD/DVD or other suitable media, clearly marked 'AMEP' and bearing the name of the AMEP contract region.

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 AMEP delivery locations.

<i>Location Name and Street Address</i>	<i>AMEP Student Number</i>	<i>No. of AMEP Computers</i>	<i>Category</i>	<i>On-site Manager</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Centre <input type="checkbox"/> Venue <input type="checkbox"/> Community	Name <input type="text"/> Contact Phone <input type="text"/>	This location provides <input type="checkbox"/> Home Tutor Scheme <input type="checkbox"/> On-site child care
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Centre <input type="checkbox"/> Venue <input type="checkbox"/> Community	Name <input type="text"/> Contact Phone <input type="text"/>	This location provides <input type="checkbox"/> Home Tutor Scheme <input type="checkbox"/> On-site child care
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Location Name and Street Address

AMEP
Student
Number

No. of
AMEP
Computers

Category

On-site Manager

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Centre <input type="checkbox"/> Venue <input type="checkbox"/> Community	Name <input type="text"/> Contact Phone <input type="text"/>	This location provides <input type="checkbox"/> Home Tutor Scheme <input type="checkbox"/> On-site child care
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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

Provide details of current Home Tutor Scheme Coordinator.

Coordinator's First Name	Coordinator's Surname	Summary of relevant qualifications	Delivery location at which Coordinator 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