

## ELCL Quality Alliance Membership Approval



The application of Membership Approval can be completed here, printed and submitted along with a cover letter to ELCL Deutschland GmbH or a Partner. You will find a list of addresses at the end of the application.

### Educational organisation

Name	<input type="text"/>
	<input type="text"/>
Address	<input type="text"/>
Code/Place	<input type="text"/> <input type="text"/>
Internet address	<input type="text"/>

### Official Representative

Name, First name	<input type="text"/>
E-mail	<input type="text"/>

### Contact Person

Name, First name	<input type="text"/>
Position	<input type="text"/>
Address	<input type="text"/>
Code/Place	<input type="text"/> <input type="text"/>
Telephone/Fax	<input type="text"/> <input type="text"/>
E-Mail	<input type="text"/>

**Short profile**

[Redacted area for short profile]

**Language course programme (title with direct contact hours)**

[Redacted area for language course programme]

No. of language courses in previous year	<input type="text"/>
No. of language learners in previous year	<input type="text"/>
No. of permanent employees	<input type="text"/>
No. of permanent teachers	<input type="text"/>
No. of self-employed teachers	<input type="text"/>
Working in language acquirement since:	<input type="text"/>

**Declaration by contact person**

I, the undersigned, hereby declare that the particulars/details are true. The undersigned is aware that any false or incomplete particulars could result in the cancellation of Membership.

Date, Place

Signature/Stamp

**Please complete if Membership is required for more than one branch.**

**Address**

[Redacted]  
Code/Place [Redacted] [Redacted]

**Contact person at branch**

Name, First name [Redacted]  
Position [Redacted]  
Address [Redacted]  
Code/Place [Redacted] [Redacted]  
Telephone/Fax [Redacted] [Redacted]  
E-mail [Redacted]

**Course programme at branch (title with direct contact hours)**  
(List programmes which differ from programmes offered at central body only)

[Redacted]

**Declaration by contact person**

I, the undersigned, hereby declare that the particulars/details are true. The undersigned is aware that any false or incomplete particulars could result in the cancellation of Membership.

[Redacted]  
Date, Place

Signature/Stamp

## **Address of the ELCL Deutschland and their Partners**

### **ELCL Deutschland GmbH**

Schanzenstr. 35  
DE-51063 Cologne

### **EVCL Polska Sp. z o .o.**

Rynek 36/37  
PL-50-102 Wrocław

### **ELCL Hungary Kft.**

Bezsilla Nándor u. 16.  
HU - 1158 Budapest

### **Enadil**

Centro Direzionale "Latinafiori" Torre 10 "Mimose"  
IT-04100 Latina