



APPLICATION FORM

Please use block capitals

1. PROJECT CO-ORDINATOR CONTACT DETAILS

First name:

Family name:

Title:

Role/job title:

E-mail address:

Tel number:

Fax number:

School address:

Post code:

2. YOUR DEPARTMENT: BACKGROUND INFORMATION

a) Type of school:

b) Staffing provision (e.g. MFL specialist, non-specialist, FLA):

c) Languages taught (give brief details, e.g. French Year 7-11 {GCSE}, German Year 8-11 {GCSE})

d) Numbers in each year studying each MFL:

e) % take-up of each MFL in KS4 (most recent figures)

Is this percentage figure in decline? If so, why do you think this is the case?

If increasing, is there an explanation?

f) Time allocation across the school week/fortnight per language (according to timetable):

KS3:

KS4:

g) Extent and purpose of use of ICT

h) Existing or planned links with country/countries of target language(s) taught:

i) Existing or planned links with industry/business in Wales/UK (list only those links that are relevant or potentially relevant to the study of MFL):

j) Types of teaching resources used:

k) Priorities for staff development:

l) Strengths and weaknesses in the department

3. YOUR PROPOSED PROJECT

a) Which aspects of language learning are you hoping to develop through participation in the “compact” agreement? (please continue on a separate sheet if necessary)

Proposed action	Target group	Outcomes/success criteria	Timescale

b) How does your project proposal fit the selection criteria? (See: “The Compact Agreement: CILT Cymru and your School”)

c) What are the realistic targets which you will be setting for your MFL department?

4. STATEMENT OF SUPPORT FROM HEAD TEACHER

Signature of Headteacher: _____

**Please return to: Kristina Hedges,
CILT Cymru,
Cambrian Buildings,
Mount Stuart Square,
Cardiff CF10 5FL**