

## Memosa School Application Form



Name of school/educational institution		
	Please provide the name of the school/educational institution that is proposed to be a MEMOSA International Centre, and the name of the Company supporting the application (if applicable).	
	Please provide information about the school/educational institution that is proposed to be a MEMOSA International Centre (e.g. history, mission, governance structure).	
	Please comment on the reputation of the school/educational institution.	
	Please provide some information about the Company (if applicable) supporting the application (e.g. Trading Name, registration number, nature and level of involvement in this program).	
Proposed MEMOSA International Program		
Please tick what type of MEMOSA International Program is envisaged at the school/educational institution.	Please tick what type of MEMOSA International Program is envisaged at the school/educational institution:  Stage 1 MEMOSA (Assessment Only)  Stage 2 MEMOSA (Counselling Only)  Stage 1 and 2 MEMOSA (Assessment and Counselling)	
	Please provide a rationale for the introduction of the MEMOSA International Program into the school/educational institution.	
The school/educational institution		
School/educational institution prospectus	Please provide links to public information on the school/educational institution.	
Scope of teaching	Please list the classes/year levels that are currently offered in the school.	
Enrolment numbers	Please list the number of students currently enrolled in the school/educational institution (at the particular year levels).	
Does the school/educational institution offer other:	Please list the senior secondary educational programs that may already being offered in the school/educational institution.	
<ul><li>Pre-university programs?</li></ul>	Please include the size of the student cohorts undertaking these	
<ul> <li>University foundation programs?</li> <li>If yes, what is the size of student cohort?</li> </ul>	already existing senior secondary educational programs.	
What is the timeline for implementation of the MEMOSA Assessment?	Please provide information about the intended and likely timelines for the introduction of the MEMOSA International Assessment.	
Teachers and professional staff	Please provide, in general terms, information about the teaching staff and the professional staff (e.g. expectations of qualifications	



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	and teaching experience required; recruitment processes for teachers).		
Languages of instruction	Please list the languages in which the students are taught.		
Access to information technology	What access to information technology/internet do students and teachers have? (e.g. do students have access to their own laptops?)		
Library facilities	Does the school/educational institution have library facilities for students and teachers?		
Science laboratory facilities	Does the school/educational institution have science laboratory facilities?		
Secure examination facilities	Does the school/educational institution have secure facilities to store examination papers?		
Location			
School Location	Branch 1- 2- 3-		
Student cohort			
Student size of intake	What is the likely size of the student cohort undertaking MEMOSA Assessment?		
English language competence	What is the likely range of English language proficiency in the student cohort (e.g. IELTS or TOEFL likely scores).		
Anticipated enrolments			
Year/cycles 1-4	Please provide an estimate of anticipated student numbers for the first four years of the program:		
	Year 1:		
	Year 2:		
	Year 3:		
	Year 4:		
Proposed program			
Commencement date	Please provide information about the proposed commencement date of the Assessment.		
Government approvals (Optional)			
Local government approval	Please comment on whether local government approval is being sought/or has been approved.		
Regional government approval	Please comment on whether regional government approval is being sought/or has been approved.		
Contact details of school/educational inc	titution representative ( e.g. principal or chairperson of the school Board)		
Full Name:	munon representative (e.g. principal or champerson of the school Board)		



	e.g. Mrs, Mr, Ms, Dr, Prof.	Given Name	Family Name
Address:			
Phone number:			
Mobile:			
Email:			
Signature of school/educational institution representative:			
Position Title:			
Date:			

School stamp	Headmaster Signature
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Date:

