

# National Teaching School

# National Professional Qualification for HEADSHIP (NPQH) APPLICATION FORM 2018/19. A GATEWAY APPLICATION MUST BE COMPLETED IN ADDITION TO THIS FORM [www.](http://www.learnersfirst.net)telaonline.co.uk

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| **PERSONAL INFORMATION** | |
| Name:  (Including any previous name(s) known by) |  |
| Position in School: |  |
| Teacher Unique Reference Number:  7 digits provided when you are awarded QTS |  |
| Gender: |  |
| Ethnicity: | White British  White Irish  White Other  Mixed White & Black Caribbean  Mixed White & Black African  Mixed White & Asian  Mixed Other Mixed  Asian or Asian British – Indian  Asian or Asian British – Pakistani  Asian or Asian British – Bangladeshi  Asian or Asian British – Other Asian  Black or Black British – Caribbean  Black or Black British – African  Black or Black British – Other Black  Chinese  Other – Any Other  I Prefer Not to Say |
| Any Disability: | Yes / No / Prefer not to say |
| School Name & Address: |  |
| Local Authority: |  |
| Percentage of pupils eligible for FSM |  |
| Home Address: |  |
| Telephone Number: (mobile preferable) |  |
| Date of Birth: |  |
| Preferred Email Address:  We will use this to contact you regarding the course |  |
| School Email Address: |  |
| **SPONSOR DETAILS** | |
| ***Who should I nominate as a sponsor?***  Your sponsor is required to complete a form to verify that your evidence is accurate and to provide further testimony of how you demonstrated evidence of competence as a senior leader in undertaking the task. The form should therefore be completed by a senior leader (your line manager or a leader of equivalent seniority) who is in a position to know the work you have done well, has a good knowledge of how you lead your team and who is able to assess your achievements and the impact of your leadership. The additional evidence provided by your sponsor will be assessed alongside your submission. It is therefore important that you: ensure your sponsor reads the guidance provided carefully; discuss your task and your submission with your sponsor. Where your sponsor is not the Headteacher of your school, the Headteacher / chair of governors will also need to sign the form to validate the evidence. | |
| Sponsor’s Name: |  |
| Sponsor’s Role in School: |  |
| Sponsor’s Email Address: |  |
| **PROGRAMME COSTS AND HEADTEACHER’S CONSENT** | |
| Please confirm who will fund your NPQH course fees.  Self ❑ School ❑ Scholarship funding ❑ | |
| **\*\*YOUR HEADTEACHER/CHAIR OF GOVERNORS MUST GIVE THEIR CONSENT TO YOUR APPLICATION AND ATTENDANCE ON THIS PROGRAMME\*\*** | |
| I hereby confirm that the above named has my support in applying for this programme  -------------------------------------------- --------------------------------------------  ­­­­­­­­­­­­­­Signed by Headteacher Date | |
| GATEWAY ASSESSMENT – THIS MUST BE COMPLETED PRIOR TO YOU STARTING THE NPQH. FURTHER DETAILS WILL BE GIVEN TO YOU ON RECEIPT OF THIS APPLICATION  RETURN THIS APPLICATION FORM TO **tela@thomasestley.org.uk** | |