# National Teaching School

# NPQH APPLICATION FORM 2019

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| **PERSONAL INFORMATION** | | | | |
| **First name:** | | **Surname:** | | **DOB:** |
| **Mobile phone number:** | | **Email address** **used for NPQH** programme: | | |
| **Teacher Reference Number** (7-digit format)  [Click here should you require support](https://www.gov.uk/guidance/individual-teacher-records-information-for-teachers#your-teacher-reference-number-trn) | |  | | |
| **School position:** | | **Length of time in role:** | | |
| **Gender:** | | Dietary requirements: | | |
| **Ethnic group** | | Asian, Black, Mixed, White, any other ethnic group, unknown | | |
| **Ethnicity:** | | **Asian** – Bangladeshi, Chinese, Indian, Pakistani, any other Asian background  **Black** – Black African, Black Caribbean, any other black background  **Mixed** –White and Asian, White and Black African, White and Black Caribbean, any other mixed background  **White** –White British, White Irish, traveller of Irish heritage, gypsy / Roma, **Any other white background**  **Any other ethnic group**  **Unknown** | | |
| **Any Disabilities?** | | Yes / No / Prefer not to say | | |
| **SCHOOL INFORMATION** | |  | | |
| **School address:** | |  | | |
| **School Email Address:** | |  | | |
| **Percentage of pupils eligible for FSM** | |  | | |
| **Local authority:** | |  | | |
| **If you are a member of a Multi Academy Trust, please name it here:** | |  | | |
| **If you are a member of a teaching school alliance, please name it here:** | |  | | |
| **If you are a category 5/6 or opportunity area, please state which one:** | |  | | |
| **Email address to send NPQ invoice to:** | |  | | |
| **ASSESSMENT SECTION**  **To be completed by the applicant** | | | | |
| I agree to complete 5 Face to Face days and submission of final assessment. | | | **YES NO** | |
| I am aware that my data will be shared with third parties such as the DfE and NPQOnline in connection with NPQ accordance with the TELA privacy notice. | | | **YES NO** | |
| I am happy for my photo to be taken at some Face to Face days which may be used in marketing such as the TELA website, social media and prospectus.  (Should my circumstances change, it is my responsibility to withdraw permission for the use of personal data by TELA) | | | **YES NO** | |
| **Applicant declaration**   * I certify that the information I have provided in this form is correct. * I will undertake to inform my NPQH provider of any change in my circumstances that may disqualify me from becoming a Head Teacher. * I certify that I am currently not subject to any disciplinary action and undertake to inform TELA if my status changes in the future. * I consent to my employer disclosing such information to TELA as may be necessary to corroborate the personal details provided in this form. * I certify that I know of no legal reason why I should not become a Head Teacher.   **By submitting this form, you are declaring all of the statements to be true.** | | | | |
| **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 Head Teacher of your school, the Head Teacher / 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:** |  | | | |
| **Head Teacher name:**  (if not sponsor) |  | | | |
| \*I agree to the NPQH fee being paid before the programme starts. If the named delegate withdraws under any circumstances, I agree to the fee being non-refundable.  **I hereby confirm that the applicant named has my support in applying for this NPQH programme**.  SIGNED ………………………………………………………………………………………………………DATE ………………………  ­­­­­­­­­­­­­­Signed by Head Teacher  **\*\*YOUR HEAD TEACHER/CHAIR OF GOVERNORS MUST GIVE THEIR CONSENT TO YOUR APPLICATION AND ATTENDANCE ON THIS PROGRAMME\*\*** | | | | |
| **GATEWAY ASSESSMENT** -  THIS WILL BE REQUIRED PRIOR TO YOU STARTING THE NPQH.  FURTHER DETAILS WILL BE GIVEN TO YOU ON RECEIPT OF THIS APPLICATION  RETURN THIS APPLICATION FORM TO **npq@thomasestley.org.uk** | | | | |

**Liability for fees**

In the event that the programme is oversubscribed, applications will be prioritised on a first-come first-served basis so early application is advised. All applicants will receive acknowledgement of their application within 10 working days of our receipt and confirmation of their place.

Once an applicant has been offered a place on the programme and has accepted that place then the applicant or the school is liable for the full fee for the NPQSL programme. These are payable prior to commencing the induction session which starts the programme.

No refunds for deferrals or withdrawals will be made under any circumstances. If an applicant is eligible for an exemption from an elective module, it is at the applicant’s choice and discretion to apply that exemption to their learning programme and no refunds (partial or otherwise) will be applied under such circumstances.

I have read the Terms and Conditions………………………………………………………………….Date…………………………………….

**Please return completed application forms to** [**npq@thomasestley.org.uk**](mailto:npq@thomasestley.org.uk)

**The deadline for applications is 16 September 2019**