

Not known

# 2018/2019 ENTRY - ASSESSMENT ONLY ROUTE TO QUALIFIED TEACHER STATUS (QTS) PRIMARY AND SECONDARY APPLICATION FORM

The information that is provided in this application is essential to establish your eligibility for initial teacher education (ITE) and the AO Route.

Please ensure that all sections are completed fully and accurately before submitting the application to us.

Age Range: please mark 2  3-5  5	age ranges	7-9	9-11	11-14	14-16	] 1	6-19					
[Secondary only] Subj	ject Specialis	<b>sm:</b> please		Pref	erred sta	rting da	ate:					
A1 Personal Details	}											
Title: (tick one) Dr	Mr Mrs	Miss	Ms Other		Date	of birth						
Forename(s):	Surnam	e:	Former S	D	D	M	M	Υ	Υ	Υ	Υ	
				<u>`</u>								
					Curre	nt Age						
Address:					Carre	Years			٦,	Months		
						Tears			'	VIOIILIIS	L	
			Tel:						٦	_		
					Gende	er	Mal	e		Fe	emale	
			Mobile:		Natio	nal Insura	ance No.	_				
							1100 110	· 				
Postcode:		Email:										
					Do yo	<u>u have a</u>	disabilit	y?				
Details of ethnic group and a	ny disability ar	e required so th	at the TDA can mon	itor equal	Yes		1	No				
opportunities.	, , .				If Yes,	please g	ive furth	ner detai	ls:			
(Please tick)						'	<u> </u>					
White British (11)		Black or Black	British, Caribbean (21)									
White Irish (12)		Black or Black										
Other White Background (19)												
Asian or Asian British, Indian (31)												
Asian or Asian British, Pakistani (3			and Black African (42)									
Asian or Asian British, Bangladeshi	i (33)		packground (49)									
Other Asian background (39)		Other ethnic l	packground (80)									
Chinese (34)												

Do not wish to answer

A2 P	revious	<b>OTS</b>	assessm	nent
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The DfE will not accept candidates who have previously failed QTS assessment or withdrawn from a QTS programme unless there are exceptional circumstances. If this applies to you, you should provide a written explanation from the previous training provider to establish reasons for withdrawal.

Have you failed/withdrawn from a QTS course?	YES	NO	For University use only:  Why do you think the candidate is now more likely to succeed?
If yes, give name of previous course and provider:			, ,
Has the previous provider given a written explanation? (attach this to your application)	YES	NO	

# A3 Education and qualifications

Please ensure you have original certificates for GCSE and degree qualifications or their equivalents for checking. If in doubt about equivalence, seek advice from our Admissions Team. To check overseas qualifications or their equivalents for checking. If in doubt about equivalence, seek advice from our Admissions Team. To check overseas qualifications, check the Overseas degree equivalency table on gov.uk website. NARIC (National Academic Recognition Information Centre) can offer guidance on whether a qualification is comparable in standard to a UK qualification but not whether it is suitable for entry to ITE.

## A3.1 GCSE or equivalent qualifications

# A3.2 A-level qualifications or equivalent

Please give details of GCSE or equivalent qualifications and when they were obtained. All candidates for ITE must have attained the standard required for GCSE grade 4 (Grade C) in English Language and Mathematics at the time of application. In addition, candidates for Primary must also have attained the standard required for GCSE grade 4 (Grade C) in Science at the time of application.

Subject	Qualification and awarding body or details of alternative test or assessment	Grade	Date of award or assessment						
	a33C33IIICIII		М	M		Υ	Υ		
English Language									
Mathematics									
Science									

Subject	details of alternative test or	Grade	Date of award or assessment								
	assessment		М	М		Υ	Υ				

A3.3 Higher Education
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AO candidates must have a UK first degree or equivalent. If you are waiting for degree results, please ask the higher education institution to confirm in writing that a degree will be awarded and if possible to indicate the classification. Candidates with good Honours degrees are given priority. If you are unsure whether a qualification is degree equivalent, seek advice from Admissions on whether they would admit the candidate to an AO in the age range concerned.

#### First Degree (or equivalent):

Institution of study	Degree-awarding body (if different)																																				
Qualification obtained																																					
Degree Class (tick)	First Class	Honours	Upper S	econd		Lower S	Second		Third		Pass			Ordinary	у																						
	M	M	Υ	Υ		М	М		Υ	Υ				M	М		Υ		Υ																		
Date of study from	141	141	· ·	'	to	141	IVI					Date of Award		Date of Award		Date of Award		Date of Award		Date of Award		Date of Award		Date of Award		Date of Award		Date of Award				141	141		· ·		
Modules & Credit Value	Module N	lame						Cre	dits	Module	Name						Credits																				
Higher Degree (or equiv	valent):								Degree-a	warding	Г																										
Institution of study									body (if d	ifferent)																											
Qualification obtained								'	, .	·																											
	М	М	γ	γ		М	М		Υ	Υ				M	М		Υ		Υ																		
Date of study from	.,,				to		141				Date	of Award							•																		
	•								•	<u> </u>					<u> </u>																						
Main Subject												Main subje	ect per	centage c	of course			%																			

Secondary Applicants Evidence of appropriate subject knowledge and experience if the degree content is less than 50% of the subject you wish to teach:
Primary Applicants Evidence of appropriate subject knowledge and experience if qualifications do not reflect breadth of subjects you will be required to teach:

For qualifications othe Academic Recognition I				ce below tha	at the qualifica	ition you	have is	equivalent, and attach	any relevar	it supporting	statements incl	uding verific	ation from NAR	IIC (National
			•											
Experience and	d teach	ing pote	ential											
B1 Personal De		8 P												
Please give details of pre		oyment as a	teacher, qualifi	ed or unqual	lified, in the U	K or elsew	vhere. Pi	ease copy this section	if you need	to cover expe	erience in more t	than two inst	titutions	
School/College	name:			-	-			School/College	e name:					
Towr	n/City:			Country:				Tov	vn/City:			Country:		
Post	held:							Po	st held:					
	From (r	nm/yy)	To (mm/yy)	If part-					From (	mm/yy)	To (mm/yy)	If part-		
Dates of service:					tage of time	%		Dates of service:					tage of time	%
Please tick the box(es	\ that bast	dossribo tho	school	workin	g as a teacher			Diago tiek the how	s) that has	dossribo the	s cab a a l	workin	g as a teacher	
•		describe the			,	,г		Please tick the box(e		describe the				
Prim			Independent			Special			mary	┨	Independent			ecial
Middle deemed Prim	ary	ł	nology College		Н	igh Ed.		Middle deemed Pri	mary		nology College		Hig	h Ed.
Second	ary		City College for inology of Arts		City Ac	ademy		Secor	ndary		City College for nnology of Arts		City Acad	demy
Other (please spec	ify)	T COI	mology of Arts		Further Edu	cation		Other (please sp	ecify)	reci	mology of Arts		Further Educa	ation
Age range of pupils ta			Responsible	e for the who	ole class (Y/N)			Age range of pupils			Responsible	for the who	ole class (Y/N)	
Subjects taught to pul								Subjects taught to p			2.00.000			
			1								Í		1	

examination level

Other subjects taught

examination level

Other subjects taught

# **B2** Other relevant experience

Please give details of your other relevant work experience (paid or voluntary) to show your potential to teach. Examples of work to include: non-teaching work in educational settings (teaching assistant, LSA, instructor, etc) with adults, young people or children; work in non- educational settings (youth or community work, etc), with adults young people or children' occupations or activities that have required the use of the appropriate subject knowledge; occupations or activities (training, etc) that have contributed to the educational or personal development of adults, young people or children.

vious posts or activities (please attach a separate sheet if necessary)	Paid or voluntary	Full or Part-time	Length of time (Years/months) Please give actual dates (mm/yy

B3 Assessment against Teachers' Standards
Please complete the Self-Assessment Form, showing your self-assessment of experience and potential sources of evidence for each of the QTS Standards

B4 Supporting Statement
Please use this section to explain why you think you are a suitable applicant for the Assessment Only route to QTS

## REFEREES: Applications will not be considered until references are received

1. School Referee -Preferably most recent educational employer		2. Other Referee - Preferably from contrasting educational setting			
Name:		Name:			
Address:		Address:			
Postcode:		Postcode:			
Telephone:		Telephone:			
Email:		Email:			

Please indicate whether you are applying to any other AO Provider:

Yes		No	
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B5 Candidate Declaration					
a) The information about my qualifications and experience in this application is true. b) I agree to prepare myself for assessment as agreed and present myself for assessment at the agreed time. c) I agree that I have online access. d) I understand the terms and conditions of my appointment and my preparation for assessment and agree to abide by them. e) I agree that the information in this application and any agreed acceptance plan may be stored on a database and made available to an approved external assessor as appropriate to enable them to assess me against the Standards for the Award of QTS. f) I agree that the information in this application and any agreed acceptance plan may be made available to the Department for Education and Ofsted to enable them to carry out their quality assurance role in teacher training. g) I do not already have Qualified Teacher Status. h) Where a school is not sponsoring this assessment against QTS Standards, I agree to fund it myself.					
Signed	Date				
C School Information – TO BE COMPLETED	D BY SCHOOLS SUPPORTING AN APPLICATION				
C1 Candidate Assessment					
Please explain why, in your professional judgement, the candidate ho	ns the potential to be assessed as an effective teacher through the Assessment Only Route:				

C2 School Details						
Name of School:						
Head Teacher:						
Address:						
Telephone Number			Fax Num	nber:		
E-mail:						
Dfe Number:			Local Authority:			
Number on roll:			Age range:			
Name of Mentor/Co-ordinator:			Posi	tion:		
The School's experience of ITE:						
Does the school have PGCE, School Direct or Assessment Only experience	? Y	es		No		
If yes, please give brief details:						
School Declaration I support this application for the Assessment Only and agree to collaborate with and contribute to the rigorous assessment of this applicant against QTS Standards.  Please indicate whether the school or applicant will be funding the assessment:  School:  Applicant:						
Head Teachers Signature:	Date:					

C3 FOR APPLICANTS WHO WILL NOT BE EMPLOYED IN AN EDUCATIONAL SETTING DURING THE PERIOD OF ASSESSMENT OR WHO NEED EVIDENCE FROM A CONTRASTING SETTING. All applicants for QTS will need evidence that they can meet the QTS Standards in at least two contrasting settings and therefore a placement in an alternative setting may be required before commencing the period of assessment.

Please state your preferred placement age range, so that we can place you in one of our partner schools. This will need to be consecutive to an age range you already have experience and evidence in:							
Age Range: please tick ar	n age range/s						
3-5	5-7	7-9	9-11	11-14	14-16	16-19	

## Please return completed applications to:

Admissions
Bishop Grosseteste University
Lincoln
LN1 3DY

or by email to admissions@bishopg.ac.uk