If you would like to take this opportunity to secure your place well ahead of time, please complete this application form to be considered for an interview.

Please return completed form to Saffron Lowrie: office@etpscitt.co.uk

| **Courses for which you wish to apply *(tick as many boxes as apply to you)*** |
| --- |
| **Phase** | **Course Type** | **Optional Specialisms** |
| EYFS QTS + PGCE |  | Part-time |  | Special Needs |
| EYFS QTS  |  | Full-time |  | Primary Maths |
| Primary QTS + PGCE  |  |  |  | Behaviour |
| Primary QTS |  |  |  | Leadership |
|  |  |  |  | EYFS |

| **SCITT**  |  | **School Direct Fee Paying**  |  | **School Direct Salaried**  |  |
| --- | --- | --- | --- | --- | --- |

| **Academic Year for which you would like to apply** |  |
| --- | --- |

| **Preferred Training Base** |
| --- |
| Southend-on-Sea |  | Witham  |  |

| **Applicant Details** |
| --- |
| Title (Tick one) | Dr |  | Mr |  | Mrs |  | Miss |  | Ms  |  | Other (please state) |  |
| First name (s) | Surname / Family name (BLOCK CAPITALS) |
| Previous surname (s) / Family name, if changed |
| Preferred pronouns:  |
| Date of birth: | Gender: |
| Address |
| Email Address: | Telephone Number: |
| Do you have any criminal convictions or cautions or are you currently on bail or being investigated by the police?Yes  No   |
| Nationality: | Country of birth:  | Country of permanent residence | Do you need a visa to live in the UK? Yes  No  If yes, please provide your passport number:  |
| For applicants not born in the UK:  |
| Date of first entry to the UKdd/mm/yyyy | Date of most recent entry to the UK (excluding holidays)dd/mm/yyyy | Have you been granted Indefinite Leave to Enter/Remain in the UK?Yes  No   | Do you need a visa to study in the UK?Yes  No   |
| Do you have any special needs including dyslexia or medical conditions?  Yes  No   | Do you have any criminal convictions or are you currently on bail or being investigated by The Police? Yes  No   |

*Failure to disclose criminal convictions may lead to offers of assessment being withdrawn.*

*It is not usually possible to accept applicants who have previously failed a QTS assessment or withdrawn from a QTS programme unless there are exceptional circumstances. If this applies to you, please provide a written explanation and also provide the contact details of your previous training provider.*

| Please give details of any additional needs including dyslexia and/or any medical conditions?  |
| --- |
| Previous QTS Assessment |
| Have you failed or withdrawn from a QTS course? |  Yes  No  |
| If yes, give the name of the previous course and provider |
| If yes, please give details of circumstances |

Please detail your educational career. Please add rows as necessary.

| **Qualifications** |
| --- |
| Degrees or equivalent |
| *Name of Institution* | *Grade/ Predicted* |  *Title of course* |  *From*  | *To* |
|  |  |  |  |  |
| A-Levels or equivalent qualifications |
| *Subject* | *Grade* | *Awarding Body* | *Date of award* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| GCSEs or equivalent qualifications |
| *Subject* | *Grade* | *Awarding Body* | *Date of award* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please give details of previous employment. Please start with your current/most recent employment.

| **Employment***Please add rows as necessary* |
| --- |
| Date: from - to | Name and address of employing institution | Role | Age range taught(If applicable) |
|  |  |  |  |

Please give details of any volunteering experience you may have (this may include working in schools).

Please start with your most recent experience first.

| **Volunteering***Please add rows as necessary* |
| --- |
| Date: from - to | Name and address of institution | Role | Age range taught (if applicable) |
|  |  |  |  |

| **Personal Statement** |
| --- |
|  |

*General Data Protection Regulation (GDPR) 2018: The information that you have supplied will be processed, shared with teacher training providers, relevant schools and held on computer. The data may be processed or shared for the purpose of compiling statistics, and passed to ARU, the Higher Education Statistical Agency and the Higher Education Funding Council for England. By signing and returning this application form you will be deemed to be giving your consent to the processing of data contained within it and the use of that data for the lawful purposes approved for the institutions to which it is supplied.*



| Declaration |
| --- |
| *I confirm that the information I have given on this form is true, complete and accurate and no information requested, or other material information, has been omitted.* *I agree that the information in this application may be stored on a secure SCITT database. I do not already have Qualified Teacher Status.* |
| Applicant’s signature *(an electronic signature is acceptable)* | Date:  |

#