

Forename _____ Surname _____

Subject: _____
 (If Secondary)

Key Stage: EY/KS1 KS1/2 KS3/4 KS4/5
 School year group: 3 – 7 5 – 11 11 – 16 14 – 18
Please circle

GCSE or equivalent qualifications

Please give details of the following GCSE or equivalent qualifications and when they were obtained. All candidates for the AO route must have attained the standard required for GCSE grade C in English and Mathematics and if Primary, Science, before they start training.

Subject	Qualification and awarding body <u>or</u> details of equivalency	Grade	Date of award or assessment				
			m	m		y	y
English							
Mathematics							
Science							

Other GCSE O levels and A levels, or equivalent qualifications

Subject	Qualification/Awarding body/Other form of assessment	Grade	Date of award				
			m	m		y	y

Higher education

AO candidates must have a UK 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. In all cases a candidate's previous education should provide suitable foundation for teaching their chosen subject(s) and age range. Secondary AO candidates should normally have at least 50% of their degree in the subject(s) they are to teach.

Institution of study

Degree-awarding body (if different)

Country of study

Title of course

Main subject Percentage of course: %

Subsidiary subjects Percentage of course: %
 Percentage of course: %
 Percentage of course: %
 Percentage of course: %

What percentage of the degree covers your specialist teaching subject? %

Qualification obtained

Degree class First Class honours [] Upper second []
 Lower Second []
 Other []

Date of study from to Date of Award

Qualifications other than those achieved in the United Kingdom will need to have NARIC evidence which must be attached to this application.

Information about the school where the AO candidate works

Name of school					
Address					
Town or city				Postcode	

Telephone:	Fax:	E-mail:
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DfES number				/					LA
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Is the school in	Special Measures?	Fresh Start?	Serious Weaknesses?
	YES / NO	YES / NO	YES / NO

Date of latest Ofsted:	Overall Grade:
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Name of Mentor / Line Manager: _____

Mentor Contact Email: _____

Mentor Telephone Number: _____

Is the school a SNITT (GTP, Primary SCITT, Secondary SCITT) partner school?

YES / NO

Date employment as a teacher / instructor at present school commenced:	d	d	/	m	m	/	y	y
			/			/		

Length and type of of contract:
(Please indicate if contract full / part-time – if part-time please give percentage)

Please attach a copy of your current teaching timetable

Do you have responsibility for the planning, teaching and assessing of groups of pupils?

YES / NO

Please comment if necessary:

Teaching experience

Please give details of previous employment as a teacher, qualified or unqualified (but not as placement part of any teaching/training course), in the UK or elsewhere.

Please copy this section if you need to cover experience in more than three institutions.

School/college:			
Location:		Post held:	
From	Dates of service to	If part-time, percentage of time working as a teacher	%
Please tick box(es) that best describe the school: Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Special <input type="checkbox"/> FE <input type="checkbox"/> HE <input type="checkbox"/> Other <input type="checkbox"/>			
Age range of pupils taught		Responsible for whole class YES <input type="checkbox"/> NO <input type="checkbox"/>	
Subjects taught to public examination level			
Other subjects taught Reason for leaving			

School/college:			
Location:		Post held:	
From	Dates of service to	If part-time, percentage of time working as a teacher	%
Please tick box(es) that best describe the school: Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Special <input type="checkbox"/> FE <input type="checkbox"/> HE <input type="checkbox"/> Other <input type="checkbox"/>			
Age range of pupils taught		Responsible for whole class YES <input type="checkbox"/> NO <input type="checkbox"/>	
Subjects taught to public examination level			
Other subjects taught Reason for leaving			

School/college:			
Location:		Post held:	
From	Dates of service to	If part-time, percentage of time working as a teacher	%
Please tick box(es) that best describe the school: Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Special <input type="checkbox"/> FE <input type="checkbox"/> HE <input type="checkbox"/> Other <input type="checkbox"/>			
Age range of pupils taught		Responsible for whole class YES <input type="checkbox"/> NO <input type="checkbox"/>	
Subjects taught to public examination level			
Other subjects taught			
Reason for leaving			

Other Previous Employment:

Establishment	Job description	Start date	End date	Hours per week
Reason for leaving				
Establishment	Job description	Start date	End date	Hours per week
Reason for leaving				
Establishment	Job description	Start date	End date	Hours per week
Reason for leaving				
Establishment	Job description	Start date	End date	Hours per week
Reason for leaving				
Establishment	Job description	Start date	End date	Hours per week
Reason for leaving				

Have you previously failed/withdrawn from a QTS course?	YES []	NO []
If yes, give name of previous course and provider		
Has the previous provider given a written explanation? <i>(attach this to your application)</i>	YES []	NO []
Why are you now more likely to succeed in gaining QTS?		

School

The school employing the Assessment Only candidate should read the attached Partnership Agreement before completing this section. If the Assessment Only candidate's employer is a body other than a school, the body which will have the main day-to-day management responsibility for the Assessment Only teacher should fill it in.

I confirm on behalf of : (school name)
that : (candidate name)
is working as a teacher at this school.

The school agrees to pay the initial, non-refundable sum of £300 per candidate for the selection visit. An invoice will be raised by Suffolk County Council on receipt of the completed paperwork. After this has been checked by the Accredited Provider's Office and the Assessor has undertaken the initial selection visit, a further invoice will be raised by Suffolk County Council for £2,250 if the candidate is selected for the AO Route to QTS.

Signed Headteacher: Date / /

Print name and title:

Signed Chair of Governors : Date / /

Print name and title:

Candidate

- (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 the information in this application and any agreed preparation plan may be made available to a TDA-approved External Assessor or Accredited-Provider Assessor as appropriate to enable them to assess me against the Standards for the Award of QTS.
- (e) I agree that the information in this application and any agreed preparation plan may be made available to Ofsted to enable them to carry out their quality assurance role in teacher training and assessment;
- (f) I do not already have Qualified Teacher Status.

Signed Date: / /

FOR BOTH SUFFOLK AND NORFOLK APPLICATIONS PLEASE RETURN THE COMPLETED FORM TO: AO Administrator, GTP Office, Norwich Professional Development Centre, Woodside Road, Norwich NR7 9QL.