

**BROMLEY SCHOOLS’ COLLEGIATE**

*Excellence through experience*

### **Assessment only route to QTS**

Section A (To be completed by the applicant)

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| **Personal details** | | | |
| Title (PLEASE TICK APPROPRIATE BOX)  Dr ⬜ Mr ⬜ Mrs ⬜ Miss ⬜ Ms ⬜ Other ⬜ | | Surname / Family name (BLOCK CAPITALS) | |
| First name (s) | | Surname at birth / Family name, if changed | |
| Permanent address | | | |
| Postcode | | | |
| Daytime telephone number | Evening telephone number | | Mobile telephone number |
| Personal Email Address: | | | |
| Gender: Male (M) Female (F) Other (O) ⬜ | | day month year  Date of birth ⬜ ⬜ ⬜ ⬜ ⬜ ⬜ | |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | National Insurance No. |  |  |  |  |  |  |  |  |  |  | | | DBS Number:  Date of issue: | |
| Nationality | |  | |
| National identity | |  | |
| Have you left full time employment in the British Army, Royal Air Force of Royal Navy in the last 5 years? | | Yes / No | |

|  |  |
| --- | --- |
| Disabilities and Special needs | |
| Please indicate if you have any Disability or Special Need. | Support provided by the employing school: |
| Ethnic origin **(to be completed only if country of permanent residence is in the UK)** | |
| *This information is not used in the selection process and is used for statistical purposes only.*  Ethnic origin is not the same as nationality, place of birth or citizenship, but about your colour and broad ethnic group.  **Please tick appropriate category:**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | White |  | Black or Black British |  | Asian or Asian British |  | Mixed |  | | White |  | Black Caribbean |  | Indian |  | White and Black Caribbean |  | | Irish Traveller |  | Black African |  | Pakistani |  | White and Black African |  | |  |  | Other Black background |  | Bangladeshi |  | White and Asian |  | |  |  |  |  | Chinese |  | Other mixed background |  | | Information refused |  |  |  | Other Asian |  | Other ethnic background |  | | |

**The applicant’s education and qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| Last two educational establishments at which you studied | | | |
| Name and address of establishment | From | To | Full time or part time |
|  |  |  |  |
|  |  |  |  |

Copies of all certificates and NARIC certification of equivalency need to be attached to this form.

**GCSEs or equivalent qualifications**

Please give details of GCSEs or equivalent qualifications and when they were obtained. All applicants must have attained the standard required for GCSE grade C in English Language and Mathematics (and also in Science for Primary applications) before they start training. The qualification type must be entered along with the grade obtained. Failure to do so may cause a delay in the application being processed.

**Qualifications other than a UK GCSE will be checked by the University using NARIC equivalency.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Subject | Qualification and awarding body **or** details of alternative test or assessment | Grade | Date of award or assessment | | | | |
| m | m |  | y | y |
| English Language |  |  |  |  |  |  |  |
| Mathematics |  |  |  |  |  |  |  |
| Science  *(Primary only)* |  |  |  |  |  |  |  |

**Other GCSE and A level or equivalent qualifications**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Subject | Qualification and Awarding body or other form of assessment | Grade | Date of award | | | | |
| m | m |  | y | y |
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**Higher education**

Applicants usually are expected to have a first or second class UK degree (or equivalent qualification). Please enter details of your first degree, e.g. bachelor’s degree; add any additional qualifications on a separate sheet.

**Qualifications other than a UK GCSE will checked by the University using NARIC equivalency.**

|  |  |
| --- | --- |
| Degree-awarded by |  |

|  |  |
| --- | --- |
| Country of study |  |

|  |  |
| --- | --- |
| Title of Degree and classification |  |

|  |  |  |
| --- | --- | --- |
| Main subject |  | Percentage of course: % |

|  |  |  |
| --- | --- | --- |
| Subsidiary subjects |  | Percentage of course: % |
|  |  | Percentage of course: % |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | m | m |  | y | y |  |  |  | m | m |  | y | y |  |  |  |  |  |  |  |  | m | m |  | y | y |
| Date of study from |  |  |  |  |  |  | to | |  |  |  |  |  | Date of Award | | | | | | | |  |  |  |  |  |

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| **Other HE qualifications** |

**Previous QTS assessment**

DfE will not 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.

|  |  |  |
| --- | --- | --- |
| Has the applicant failed or withdrawn from a QTS course? | YES [ ] | NO [ ] |
| If yes, give the name of the previous course and provider | | |
| Has the previous provider given a written explanation?  *(attach this to your application)* | YES [ ] | NO [ ] |

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| **Candidate’s teaching experience** |

Please give details of your employment history as a teacher (please include all previous employment and your current teaching position), qualified or unqualified, in the UK or elsewhere. Applicants applying for the Assessment Only Route must have one to two years full-time teaching experience or the part-time equivalent. Please copy this section if you need to cover experience in more than three institutions.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| School/college |  | | | | | | | | |
| Country |  | | | Post held | | | | | |
| Dates of service | | | | | If part-time, percentage of time working as a teacher | | | | % |
| From | | to | | |
| Please tick box(es) that best describe the school   * Primary | | | | | | | | | |
| * Middle | | | * Secondary | | | | | * Academy | |
| * Further Education | | | * Specialist school | | | | | 🞏 Independent | |
| * Special | | | Other (please specify) | | | | | | |
| Age range of pupils taught | | |  | | | Responsible for whole class  YES [ ] NO [ ] | | | |
| Subjects/classes taught | | |  | | | |  | | |
|  | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| School/college |  | | | | | | | |
| Country |  | | | Post held | | | | |
| Dates of service | | | | | If part-time, percentage of time working as a teacher | | | % |
| From | | to | | |
| Please tick box(es) that best describe the school   * Primary | | | | | | | | |
| * Middle | | | * Secondary | | | | * Academy | |
| * Further Education | | | * Specialist school | | | | 🞏 Independent | |
| * Special | | | Other (please specify) | | | | | |
| Age range of pupils taught | | |  | | | Responsible for whole class  YES [ ] NO [ ] | | |
| Subjects/classes taught | | |  | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| School/college |  | | | | | | | |
| Country |  | | | Post held | | | | |
| Dates of service | | | | | If part-time, percentage of time working as a teacher | | | % |
| From | | to | | |
| Please tick box(es) that best describe the school   * Primary | | | | | | | | |
| * Middle | | | * Secondary | | | | * Academy | |
| * Further Education | | | * Specialist school | | | | 🞏 Independent | |
| * Special | | | Other (please specify) | | | | | |
| Age range of pupils taught | | |  | | | Responsible for whole class  YES [ ] NO [ ] | | |
| Subjects/classes taught | | |  | | | | | |

**Section B (to be completed by the supporting school)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and address of the supporting school |  | | |
| Contact name |  | | |
| Telephone | | Fax | Email |
| Will the school be the employer? | | Yes [ ] | No [ ] |
| Latest Ofsted inspection grade | | 1 [ ] 2 [ ] 3 [ ] | Please attach a copy of the latest inspection report |
| Number on-roll | | Age range | Forms of entry |

Details of the assessment period

|  |  |  |
| --- | --- | --- |
| Age ranges of pupils | 3-7 [ ] 5-11 [ ] 11-16 [ ] 11-18 [ ] 14-19 [ ] | |
| Proposed dates of training | From | To |
| Subjects and key stages to be taught |  | |

Details of qualified teacher who will have overall responsibility for monitoring the applicant’s progress

|  |  |
| --- | --- |
| Who will have overall responsibility for monitoring the applicant’s progress? | |
| Name | Position |
| Email contact | |
| Previous mentoring experience | |
| How will the applicant’s progress be monitored?  [BSC recommend fortnightly meetings to monitor progress towards meeting the QTS standards by the end of the assessment period and regular lesson observations to help provide evidence towards the award of QTS.] | |

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| --- | --- | --- |
| **Payment of fee (please indicate where appropriate):** | | |
| Candidate [ ] | School [ ] | Other [ ] |
| If other, please provide details: |  | |
| Finance department contact: |  | |
| Finance email Address: |  | |
| Payment details – BSC Finance Manager to invoice | Bank Name: Barclays Bank  Account Name: Bromley Schools’ Collegiate  Account Number: 10705136  Sort Code: 20-14-58  Cheques made payable to: Bromley Schools’ Collegiate | |

**Section C (AO route Head Teacher reference)**

Name of applicant

|  |  |
| --- | --- |
| Name of referee | |
| School / College | |
| Address | |
|  | |
|  | |
|  | |
|  | |
| Tel: | E-mail: |
| Please comment on the applicant’s readiness to complete the AO route to QTS. | |

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| **Section D – Declarations** |

**Bromley Schools’ Collegiate** fully recognise the responsibility they have for the safeguarding and protection of students. All parties have a full and active part to play in protecting children and young people from harm. All believe that schools should provide a caring, positive, safe and stimulating environment which promotes the holistic development and well-being of every individual. In situations where concerns are raised, our paramount responsibility is to the child.

**GDPR confirmation:**

*General Data Protection Regulation - May 2018*

I consent for information provided by me within my application or relating to me during the training course can be distributed by BSC to schools and Assessors within their partnership if deemed reasonable by them. Data may be used for explicit and legitimate purposes such as accountability to DfE / Ofsted.

**Candidate Signed:                                                                Print name in full:**

**Date:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **D1 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 understand the terms and conditions of my preparation for assessment and agree to abide by them; | | | |
| d) | I agree that the information in this application and any agreed training plan provided by the school may be made available to an 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 training plan may be made available to Ofsted to enable them to carry out their quality assurance role in teacher training; | | | |
| f) | I do not already have Qualified Teacher Status. | | | |
| **Signed:** | |  | **Date:** |  |
| **[INSERT NAME OF CANDIDATE]** | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **D2 School** | | | |
| *The school that will employ the trainee should complete this section or, where the trainee’s employer is a body other than a school, will have the main day-to-day management responsibility for the trainee.* | | | |
| I confirm on behalf of [SCHOOL NAME] School that [CANDIDATE NAME] will work as a teacher at this school during the assessment period. The school has confirmed the applicants fitness to teach and that the applicant has a current DBS (enhanced) check. | | | |
| **Signed:** |  | **Date:** |  |
| **[INSERT NAME OF HEAD TEACHER], Head Teacher** | | | |

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| **D3 On behalf of Bromley Schools’ Collegiate, I declare that:** | | | | | |
|  | | | | | |
| a) | All qualifications and certificates have been checked | | | |  |
| b) | Bromley Schools’ Collegiate will provide the assessment only route to QTS programme | | | |
| c) | The candidate is a suitable person to be on the Assessment only route | | | |
| d) | The employer has carried out the DBS and occupational health checks | | | |
| e) | The Headteacher of the employing school has confirmed that they support this application and agree to the support arrangements set out in this application | | | |
| **Signed:** | |  | **Date:** |  | |
| **Derek Boyle, SCITT Director** | | | | | |