

NPQH Application Form

PERSONAL DETAILS			
Name		Surname	
Your Teacher Reference Number If unknown contact gts.enquiries@education.gsi.gov.uk		Date of Birth	
Email Contact			
Home Address and Post Code			
Home Telephone			
Mobile Telephone			

EQUAL OPPORTUNITIES DATA GATHERING	
White	Asian – Other
Irish Traveller	Mixed – White and Black Caribbean
Black – Caribbean	Mixed – White and Black African
Black – African	Mixed – White and Asian
Black – Other	Other mixed background
Indian	Other
Pakistani	Not known
Bangladeshi	Information refused
Chinese	
Do you have a disability? Yes/No	

***These details are essential to register your application with the National College**

YOUR CURRENT EMPLOYMENT	
Job Title	
Employer Name	
Employer Address	
Post code	
Length of time in current role	

Chair of Governors / Executive Head Teacher* Name	
Chair of Governors / Executive Head Teacher* Email	

****delete as appropriate***

Within this application your Chair of Governors or Executive Head is the person in your school who is supporting your application and confirming your readiness to start the course.

CURRENT SCHOOL SETTING <i>(please tick as appropriate):</i>			
<input type="checkbox"/>	Primary	<input type="checkbox"/>	Academy
<input type="checkbox"/>	Secondary	<input type="checkbox"/>	Free School
<input type="checkbox"/>	Early Years	<input type="checkbox"/>	Non-maintained Independent
<input type="checkbox"/>	Special	<input type="checkbox"/>	Foundation/School College
<input type="checkbox"/>	Pupil Referral Unit	<input type="checkbox"/>	Community School
<input type="checkbox"/>	Secure Unit	<input type="checkbox"/>	Voluntary Controlled School
<input type="checkbox"/>	Local Authority Maintained	<input type="checkbox"/>	Faith School
<input type="checkbox"/>	Other (Please state)		
Please state the % of pupils at your current school that are eligible for Free School Meals*			

***This information is essential to register your application with the National College**

MENTOR SUPPORT			
The FLA will provide support and guidance for all NPQ programme participants throughout the duration of the course e.g. experienced facilitators, participant forums, subject matter experts and online resources. However, it is crucial that applicants also have guidance and support from an experienced mentor. Please name the person who will act as your mentor/coach.			
Name of Mentor		Has previous coaching / mentor experience?	Yes/No
Mentors Current Job Title			
Mentors Current Employer and Employment Address			
Telephone Number			
Email address			

APPLICANT STATEMENT

Successful applicants will be able to provide:

a) At least **two** recent examples, within your current role where you have led a whole-school initiative, school improvement plan or successfully delivered an organisation-level scheme across a school (or multiple schools). Please explain how these examples demonstrate your **readiness for a headship role**. These examples must include:

- Dates and duration for each example
- Quantifiable evidence of positive impact/improvement
- How you have worked collaboratively and supported growth

b) An awareness of key areas for **personal development** in preparation for headship and thereby what you hope to **gain** by successfully completing the NPQH programme.

Word Limit – maximum 700 words

Number of people currently under
your management

CHAIR OF GOVERNORS/EXECUTIVE HEAD TEACHER REFERENCE:

Successful applicants will be fully supported by a reference. This reference should **confirm** details within the Applicant Statement, verify the applicants' **suitability** for NPQH and their **capability and capacity** to see the programme through to successful completion.

Word Limit – maximum 300 words

CHAIR OF GOVERNORS ENDORSEMENT & PROGRAMME COMMITMENT

As Chair of Governors, I confirm the Full Governing Body endorse the application for the NPQH Course from:

(Name of applicant)

and commit to ensure they are given adequate **support** (including appropriate **release** from school duties), and mentorship to see the programme through to successful completion.

Signed (Chair of Governors):

Date:



Accredited NPQ provider



INVOICING	
Name of organisation or individual to be invoiced	
Invoice Address	
Postcode	
Email address	
Telephone Number	

APPLICANT DECLARATION
<p>I understand that I will be liable for any outstanding course fees for non-completion of the qualification.</p> <p>I declare that the information provided is accurate to the best of my knowledge at the time of application</p> <p>Signed (Applicant):</p> <p>Date:</p>

Please return the completed form by email to cpowell@uplandsprimary.org