

NPQML 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	

Headteacher's Name	
Headteacher's Email	

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 a mentor within their school. Please name the person in your school or organisation who will act as your mentor/coach.			
Name of Mentor		Has previous coaching / mentor experience?	Yes/No
Telephone Number			
Email address			

APPLICANT STATEMENT

Successful applicants will be able to provide:

a) A minimum of **two** recent examples of leadership roles where you have led a team, or within a team and explain how these examples demonstrate your **potential** as a **successful middle leader**.

b) An awareness of key areas for **personal development** as a leader and thereby what you hope to **gain** by successfully completing the NPQML programme

Word Limit – 500 words

Name of the team you currently
lead

Number in team



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Department
for Education

LINE MANAGER/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 NPQML and their **capability and capacity** to see the programme through to successful completion.

Word Limit – Maximum 300 words

HEADTEACHER ENDORSEMENT & PROGRAMME COMMITMENT

As Headteacher, I endorse the application for the NPQML 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 (Headteacher):

Date:



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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