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**New**

**National**

**Professional**

**Qualification in**

**Headship**

**(NPQH)**

**Application Form - Autumn 2021**

**To be completed by applicant**

**SECTION 1: NPQH REGISTRATION:** applicant details

(Please ensure ALL boxes are completed)

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| --- | --- | --- | --- | --- | --- |
| Title | Choose an item. | Forenames | Click here to enter text. | Current Surname | Click here to enter text. |
| Surname (As stated on QTS Certificate if different) | Click here to enter text. |

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| Ethnic Group | Choose an item. | Gender | Choose an item. |

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| Date of Birth | Click here to enter a date. |

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| Do you consider yourself to have a disability? | Choose an item. |
| (If YES please include information below. Our aim is to ensure everyone can perform their best and to make our process fair and inclusive for all. Please tell us if you have any individual requirements, we should know about.)Click here to enter text. |

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| Dietary Requirements (Include details of any allergies) |
| Click here to enter text. |

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| Your Job Title and Subject taught | Click here to enter text. | Date of Appointment | Click here to enter a date. |
| [Teacher Reference Number](http://www.capita.co.uk/)(This is essential for registration) | Click here to enter text. | [School URN](#Page3)(This can be found on Gov.UK – Information about schools) | Click here to enter text. |
| If you are in a MAT, please type the name of the MAT here | Click here to enter text. | Phase (Primary/secondary/through school/PRU etc) | Click here to enter text. |
| School % of FSM (This is essential if you wish to be considered for a scholarship).  | Click here to enter text. | PLASC Number on roll (From most recent report)  | Click here to enter text. |
| Full School / Organisation Name and Address Including postcode (That you will be working in November 2021) | Click here to enter text. | School contact number (Inc. extension) | Click here to enter text. |

**PERSONAL CONTACT DETAILS (Please ensure ALL boxes are completed)**

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| Home contact number | Click here to enter text. |
| Mobile (Personal) | Click here to enter text. |
| Email (Personal)  | Click here to enter text. |
| Email (School)  |  |
| Home Address |  |

**SECTION 2: COMPETENCY QUESTIONS (Please answer all questions)**

The NPQ programme Selection Team will assess your application based on your responses to the questions below. Please take your time to consider your responses, give enough detail in your responses to fully answer the question, and check your spelling and grammar before submitting. We will look at your understanding of the NPQ programme and how it will impact your practice in school and with your pupils.

**Q1. Why would you like to complete the Programme with LSSW/Teach First? (Within your answer please consider:**

* Your understanding of the structure of the programme.
* How taking part in the programme will impact on your development and progress.

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| Click here to enter text. |
| Word count: (400 word max) |  |

**Q2. Please provide a specific, recent example to show how you are ready for the next step in school leadership. (Within your answer please consider):**

* How this example demonstrates your readiness to take the next step in school leadership
* What skills you will focus on developing

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| Click here to enter text. |
| Word count: (400 word max) |  |

**Q3. Throughout the programme, you will develop knowledge and skills in leadership to enable all pupils to succeed. You can see more information on these in the NPQ Curriculum Frameworks.**

From the list below, please choose one area you consider most important for you to develop in your role and explain how this will impact on pupils and staff at your school.

* Teaching and learning (including curriculum and assessment)
* Developing others
* Behaviour and SEND
* School and trust culture
* Organisational management and leadership

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| Click here to enter text. |
| Word count: (400 word max) |  |

**Q4. Where/how did you first hear about our NPQ programmes? (Please highlight below)**

· Social media

· Teach First website

· Google/Internet search

· Word of mouth – current programme member

· Word of mouth – someone at my school

· Other

**Q5. Why did you choose Teach First/LSSW for your NPQ over another provider?**

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**OPPORTUNITY: Access to Teach First 1:1 Support**

* You may be eligible to receive free 1:1 support from Teach First to support you in your NPQ. We know it can be helpful to have an experienced former school leader (called a development lead) to coach and guide you throughout your NPQ, and we are able to offer this for a limited number of schools.
* The support involves a series of one-to-one coaching calls over the course of your NPQ programme with your dedicated development lead. You would need to be able to commit to attending at least five 60-minute calls during each year of your NPQ in addition to the time dedicated to the core programme.
* Eligibility for this offer is based on your school eligibility, and we will contact you prior to the start of your NPQ to confirm whether we are able to offer you a place.

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| Please tick this box if you would like to be considered for this opportunity.  | Choose an item. |

To be considered for your NPQ programme choice you will need to secure agreement from your sponsor who could be the head teacher/chair of governors/CEO. This is to ensure your school supports you in pursuing, and you are able to ensure you can meet the required commitment to achieve, the NPQ. Your place on the programme is secured once your sponsor has co-signed the agreement, we will send you if your application is successful and before starting your NPQ. If you are currently a head teacher or due to start a headship position, please indicate ‘yes – authorisation granted’ below.

Please confirm that your sponsor has given authorisation for you to apply for this programme. (If you are currently a head teacher or will be a head teacher in November 2021 please select yes)

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| Please tick this box to indicate that authorisation has been granted by your Headteacher/CEO/Chair of governors to apply for this NPQ programme | Choose an item. |

**APPLICANT DECLARATION**

* I certify that the information I have provided in this form is correct and my own work.
* I understand that I may be withdrawn from NPQH if I fail to respond to contact from my licensed provider.
* I will undertake to inform my NPQH providers/licensees of any change in my circumstances that may disqualify me from becoming a head-teacher.
* I certify that I am currently not subject to any disciplinary action and undertake to inform the provider if this status changes in the future.
* I consent to my employer disclosing such information to the provider as may be necessary to corroborate the personal details provided in this form.
* I certify that, if I am not an applicant from a maintained school, I have up-to-date Disclosure and Barring Service (DBS) clearance. (UK only)
* I certify that I know of no legal reason why I should not become a head-teacher.
* I understand that, if I am in a maintained school, my local authority will be informed of my progress at major milestones and my graduation from NPQH.
* I understand that by submitting this application, I am consenting for you to share my data with third parties in connection with NPQH and for any internal research purposes.

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| Applicant’sScanned Signature  |  | Date  | Click here to enter a date. |

**SECTION 3: HEADTEACHER/CEO/CHAIR OF GOVERNORS AUTHORISATION TO APPLY**

**(By providing this information to LSSW & TEACH FIRST you are declaring all the statements to be true. Please ensure ALL boxes are completed with an electronic signature at the bottom)**

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| --- | --- |
| Head Teacher/CEO/Chair of Governors full name | Click here to enter text. |
| Full School / Organisation Name and Address including Postcode, that you will be working in November 2021 | Click here to enter text. |
| Email (headteacher/CEO/chair of governor’s school email) | Click here to enter text. |
| How long have you known the applicant? | Click here to enter text. |
| School/contact telephone number | Click here to enter text. |

## HEADTEACHER/CEO/CHAIR OF GOVERNOR’S COMMITMENT OF SUPPORT, STATEMENT AND DECLARATION

**(By submitting this form to the licensed provider, you are declaring the following):**

1. I certify that I know of no legal reason why the applicant should not become a head-teacher.
2. I agree to provide the applicant with the time to undertake professional development activity in relation to the NPQH programme and fully support this application.
3. While the applicant is working towards NPQH, I undertake to inform his or her NPQH providers/licensees of any relevant change in his or her circumstances which might disqualify him or her from becoming a head-teacher or of any capability issues or disciplinary actions of which he or she is the subject.
4. I certify that the information I have put on this form is correct.

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| Headteacher/CEO/Chair of Governor’sScanned Signature  |  | Date  | Click here to enter a date. |

\*In accordance with the Data Protection Act please do not include any information that you would not be happy to discuss with the applicant as part of a professional conversation.

**SECTION 4: PROGRAMME COSTS (This section is for the person responsible for making payment)**

**Please ensure ALL boxes are completed.**

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| **Fees and Scholarships** |
| Please note full programme costs include final assessment |
| **Full cost of Programme** | **Options for funding the NPQH programme** | **Course Cost**  | **How will your place be funded? please indicate below** |
| £1,690 | Full cost of the programme without scholarship (School Funded) | £1,690 |  |
| Self-funded | £1,690 |  |
| DfE Scholarship - schools in the top 30th percentile of PP (DfE Funded) | £0 |  |
| DfE Scholarship – Current head in post less than two years (DfE Funded) | £0 |  |
| Other (Please specify) |  |  |

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| * I agree to pay the appropriate cost of the programme prior to the course commencing from Autumn 2021.
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| * The Invoice will be raised against the School/Organisation.
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| Signature/Scanned or electronic NOT a typed name of Finance Manager\* |  | Date | Click here to enter a date. |
| Print Name\* | Click here to enter text. |
| School Role\* | Click here to enter text. |
| Email\* | Click here to enter text. |
| **\*Please ensure that if you are part of a MAT and they are paying for your course then it is the name and the email address of the finance manager of the MAT that should be inserted above.** |

\***All fields in this section are mandatory; failure to complete will result in your application being rejected.**

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| **Please submit your application to the email address below:****If you have any queries, please contact our admin team on the email address below.****Email:** **admin@leadingschoolssouthwest.org.uk** |