Please read the Guidelines for Applicants prior to completing this form.

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| 1. **Personal Details (Please complete in BLOCK CAPITALS where handwritten)** | | | | |
| **Title** (Mr/Mrs/Ms/Miss/etc) | | **Surname/Family Name** | **First Name(s)/Given Name** | **Previous Surname** (if applicable) |
|  | |  |  |  |
| **Date of Birth** (dd/mm/yyyy) | | **Gender** | **Mobile telephone number** | **Other telephone number** |
|  | |  |  |  |
| **E-mail address** | | | | |
|  | | | | |
| **Permanent Home Address**  (if different from correspondence address) | | | **Correspondence address**  (This address will be used for all correspondence) | |
| **House Name/Number** |  | | **House Name/Number** |  |
| **Street** |  | | **Street** |  |
| **Town/City** |  | | **Town/City** |  |
| **County** |  | | **County** |  |
| **Postcode** |  | | **Postcode** |  |

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| 1. **Nationality and Residence Details** | | | |
| **For applicants born in the United Kingdom** | | | |
| **Country of Birth** |  | **Nationality** |  |
| **Country of permanent residence** |  | | |
| **Have you lived in the UK since birth up to the present day?**  *If no, please state date of first entry into the UK* | | | Yes/No |

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| **Applicants not born in the United Kingdom** | |
| **Date of most recent entry to the UK (excluding holidays)** | dd/mm/yyyy |
| **Have you been granted Indefinite Leave to Enter/Remain in UK?** | Yes/No |
| **If you are a non-British EU National who is not living in the UK, will you have been resident in the EU for 3 years prior to the 1st of September of the year in which the course begins?** | Yes/No |
| **Do you need a Visa to study in the UK?**  If yes, please provide your passport number  If no, and you are entering the UK to study, under what Tier will you enter the UK? |  |

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| 1. **Tuition Fees** | |
| **Who is expected to pay your Tuition Fees?**  *Please read section 2 in the Guidelines for Applicants before entering a code into the box* |  |

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| 1. **List the programme you wish to apply for** | |
| **Name of Programme** | **Name and Type of School supporting your application** |
| **Assessment Only route to QTS** |  |

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| 1. **Teach Now – Assessment Only Self Evaluation** |
| This self-assessment is to help potential participants that are working as an unqualified teacher identify their eligibility for the Teach Now – Assessment Only route. |

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| **Requirements** | **Yes** | **No** |
| I am physically and mentally fit to work as a Qualified Teacher |  |  |
| I do not have a criminal background that might prevent me from working with pupils and have not previously been excluded (disqualified) from working with children |  |  |
| I hold a degree or an equivalent graduate qualification(s) |  |  |
| I have achieved GCSEs at grade 4 [C] or above (or recognised equivalents in English Language and Mathematics \*and Science for Primary)  *Please note: Level 2 Literacy/Numeracy certificates are not equivalent to GCSE English and Maths.* |  |  |
| I have successfully passed the DfE Literacy Skills Test |  |  |
| I have successfully passed the DfE Numeracy Skills Tests |  |  |

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| **Experience** | **Yes** | **No** |
| I have taught full-time for a minimum of 2 years |  |  |
| I have had a minimum of 6 weeks in a contrasting school setting |  |  |
| I have had experience of Key Stage 1 and Key Stage 2 (PRIMARY ONLY) |  |  |
| I have had experience of Key Stage 3 and Key Stage 4 (SECONDARY ONLY) |  |  |
| I work collaboratively with other adults in my setting |  |  |
| I understand how to assess and monitor children’s progress |  |  |
| I work in partnership with parents / carers to improve outcomes for children |  |  |

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| 1. **Employment Status** | **✓** |
| I am currently in paid employment in a school |  |
| I am currently unemployed or not working in a school |  |

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| **Employment Details (if applicable)** | | | | | | | |
| **Name of Employer** | |  | | | | | |
| **Job title** | |  | | | | | |
| **Sector** | | Independent/Private/Maintained/Voluntary/Not applicable | | | | | |
| **Headteacher** | |  | | | | | |
| **Address** | |  | | | | | |
| **Work telephone** | |  | | | | | |
| **E-mail** | |  | | | | | |
| **Local authority** | |  | | | | | |
| **Start date of current employment** | |  | | | | | |
| **Number of hours contracted for per week** | |  | | | | | |
| 1. **Experience of Teaching in two schools** | | | | | | | |
| To be awarded QTS you must have taught in at least two schools. | | | | | | | |
| **Job Title** | **Name and address of employer** | | **Full or part-time**  *If PT Please state the percentage of the timetable that you teach* | **Start date** | | **End date** | |
| Month | Year | Month | Year |
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| **Please state the Age Range for assessment of QTS**  *(you must have at least two consecutive Age Ranges)* | **1** | **2** |
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| Applicants for Secondary must state the subject you wish to be assessed for. |  | |

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| 1. **Previous Employment and Voluntary Experience *(please start with most recent)*** | | | | |
| **Name of employer** | **Job title and brief description of duties** | **Period of service** | | **Reason for leaving** |
| From | To |
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| 1. **Qualifications held** | | | | | | |
| Please list all subjects taken, whatever the result, in chronological order. Please add additional lines if necessary. Please provide copies of certificates/transcripts for degree and relevant GCSEs or equivalencies. N.B. If your qualifications are from overseas you must obtain evidence of equivalence from UK NARIC. Originals of all certificates must be presented at interview. | | | | | | |
| **Level (e.g. relevant GCSEs/ degree / professional qualifications)** | **Subject** | **Date Completed** | | **Name of Institute/university and country** | **Results (Grades or bands)** | **CATS Points (if applicable)** |
|  |  | Month | Year |  |  |  |
|  |  |  |  |  |  |  |
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| 1. **Qualifications pending** | | | | | | |
| Please list qualifications you are currently studying for or in respect of which you are awaiting results, including details of modules being studied this academic session, if applicable. Please add additional lines if necessary. | | | | | | |
| **Level (e.g. A levels, HND, degree, professional qualifications)** | **Subject** | **Date Completed** | | **Name of Institute/university and country** | **Results (Grades or bands)** | **CATS Points (if applicable)** |
| Month | Year |
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| 1. **English language** | | | | |
| **Is English your first language?** | | Yes/No | | |
| **All applicants must provide evidence that they meet the minimum English Language requirements of their chosen course, please confirm if you have completed an English Language qualification and provide documentary evidence of your results** | | Yes/No | | |
| **Name of English language qualification**  Type of test taken | **Awarding body/**  **Institute/University** | | **Date qualification obtained/date you are taking the qualification** | **Result** |
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| 1. **Personal Statement** |
| Please write a personal statement providing as much detail as possible regarding your current and previous teaching experience and roles in education, indicating why you feel you are suitable for the AO Route to QTS. In particular;   * the length and variety of experiences in the subject/Key Stages you wish to qualify for. * why you want to be considered for the Assessment Only Route * what appropriate personal and intellectual qualities you possess * your subject knowledge relevant to your proposed teaching area * current educational issues   *Guidance note*: this section is important in determining selection for the next stage. |
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| 1. **References** | |
| The Institute requires two references in support of your application. Please provide details of your referees below. We are unable to make a decision regarding your application until we receive both references. | |
| Referee A: from your Head Teacher - to be sent with this application  Referee B: If you are drawing on *previous* teaching experience to support your application, the name of this employer / placement should be included here. A written reference from this source (B) may be sent later if you are successful at the next stage of the selection process | |
| **Referee A** | |
| **Full name** |  |
| **Occupation/Relationship to you** |  |
| **Address** |  |
| **Telephone number** |  |
| **E-mail address** |  |

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| **Referee B** | |
| **Full name** |  |
| **Occupation/Relationship to you** |  |
| **Address** |  |
| **Telephone number** |  |
| **E-mail address** |  |

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| 1. **Where did you hear about this route?** | | | | | |
| **School / Institute** |  | **Star Teachers flyer** |  | **University** |  |
| **Star Teachers website** |  | **Other website** |  | **Other (please specify)** |  |

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| 1. **Disability/Special Needs** | |
| **Refer to the Guidelines for Applicants for the appropriate code. Please enter the appropriate code in the box provided if you have a disability which may in some way affect your studies or may require special facilities or treatment.** |  |

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| 1. **Criminal Convictions** | |
| Please read the Guidelines for Applicants before replying to this question. Please note that your offer of a place of the Teach Now – Assessment Only route will be conditional to you have a satisfactory enhanced DBS clearance. If you have joined the DBS update service, please indicate below: | |
| **I have joined the DBS update service** |  |
| **If you have a relevant criminal conviction, please place an ‘X’ in the box.** |  |

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| **Declaration** | | | |
| I understand that I am responsible for payment of all fees where applicable. I agree to comply with the regulations, rules and conditions of the  Star Institute (Star Academies) for the time being in force, including Health, Safety and Disciplinary Regulations.  **Data Protection Act**  I consent to the Star Institute processing personal data contained in this form, or other data which may be obtained from me or others, including details of academic performance, learning support needs, disciplinary matters, destinations and comments on quality on Star premises and holding my photograph which is used for any purpose connected with my studies, my health and safety, implementation of the rules, to provide data that Star Institute is required to hold or supply for any legitimate reason. I consent to the disclosure of such information for academic administration purposes, in response to requests for references relating to continuing education or employment. | | | |
| **Applicant’s Signature** |  | **Date** |  |

Please keep a copy of this form for your records and return the original to:

Felicity Ackroyd

*Via Email:* felicity.ackroyd@staracademies.org or;

*Via Post:*

Star Teachers

Star Institute

Shadsworth Road,

Blackburn,

BB12HT

**Please contact your referees to notify them that we will be in contact with a reference request.**

Please refer to the Application Notes for Guidance for further information. If you have any queries, please contact:

Felicity Ackroyd

Tel: 0330 313 9876

Email: [felicity.ackroyd@staracademies.org](mailto:felicity.ackroyd@staracademies.org)

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| **FOR OFFICE USE ONLY:**  Academic Decision: Reject [ ] Accept [ ]  Conditions of offer:  Signed: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date: . . . . . . . . . . . . . . . . . . . . . . . .  Qualifications confirmed by: [ ] Certificate produced by participant [ ] Other. . . . . . . . . . . . . . . . . . . . . . . . . . .  Signed: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date: . . . . . . . . . . . . . . . . . . . . . . . . |

**Reference**

Please read the accompanying Notes for Applicants before completing this form.

|  |  |
| --- | --- |
| **Confidential statement (to be completed by all applicants)** | |
| **Applicant’s Full Name:** |  |
| **Date of Birth:** |  |
| **Course(s) applied for:** | **Assessment Only (AO) route to QTS** |

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| **Notes of Guidance for Referees** |
| The reference is an integral and important part of the selection process and all the information you give will help to guide admissions tutors in making their decisions.  In order that an applicant’s suitability for the AO route to QTS can be evaluated fully your reference should include:  Confirmation that you, as school representative, can confirm the active support of the school to provide an appropriate assessed placement environment and mentor support for the applicant during the assessment process  Suitability of the applicant for the applied for the AO route to QTS  Confirmation that the applicant has been subject to a DBS enhanced disclosure check and/or any other appropriate background checks;  Comment on the experience of the applicant’s teaching the English curriculum i.e. to include substantial experience of whole-class planning, teaching, assessment and reporting to parents. |

**Please return this reference to:**

Felicity Ackroyd

*Via Email:* [felicity.ackroyd@staracademies.org](mailto:felicity.ackroyd@staracademies.org) or;

*Via Post:*

Star Teachers

Star Institute

Shadsworth Road,

Blackburn,

BB12HT

|  |  |  |  |
| --- | --- | --- | --- |
| **Confidential statement by referee** | | | |
| **Name o****f referee** |  | | |
| **Occupation/relationship** |  | | |
| **Address** |  | | |
| **Telephone Number** |  | **Email address** |  |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

**Guidelines for Applicants**

Please read this section carefully. We aim to process your application quickly and efficiently. Most delays can be avoided by following the information given below:

1. **Personal details**

Previous surname

If you have changed your name by marriage or otherwise, state your previous surname or family name.

Correspondence address

This address and your email address will be used for all correspondence unless an alternative is provided.

Permanent Home Address

If different to Correspondence Address

1. **Nationality/Residence/Visa/Finance details**

Please complete this section as fully as possible.

Finance

Please give details of how you will finance yourself or enter one of the following codes in the box.

List of fee payers and codes

|  |  |
| --- | --- |
| 01 | Entire cost of tuition fees is paid by private finance |
| 02 | Applying for student assessment by LEA, SAAS, Northern Ireland Education and Library Board, or Channel Islands or Isle of Man Agency |
| 03 | Contribution from a Research Council |
| 04 | Contribution from the Department of Health or a Regional Strategic Health Authority |
| 05 | Overseas student award from the UK Government or British Council |
| 06 | Contribution from a training agency |
| 07 | Other UK Government award |
| 08 | Contribution from an overseas agency, government, university or industry |
| 09 | Contribution from UK industry or commerce |
| 10 | Other course of finance |
| 99 | Not known |

Visa requirement

In order to support the processing of documentation required for visa applications, applicants requiring a visa to study in the UK should indicate by ticking the appropriate box. If you are entering the UK under a different visa please indicate which Tier you are entering under.

1. **Details of courses you wish to apply for**

Some courses are available with start dates other than September. If you wish to commence a course at a different time please indicate in the Month of Entry box.

1. **Work history**

Please include all your teaching experience, paid or unpaid, full-time or part-time. This is particularly helpful in enabling us to assess the information provided in your personal statement.

**5/6. Entry qualifications**

Please check entry requirements

Please provide, where possible, copies of certificates/transcripts for the most recently completed qualification.

Applicants with qualifications obtained in a language other than English should attach a certified English transcript to the form.

1. **English language skills**

If English is not your first language you will need to enter details of your English language qualifications. You should also enclose a copy of your certificate / test report with your application.

1. **Personal Statement**

Enter here any further information you may wish to offer in support of your application that provides as much detail as possible on your current and previous teaching experience and roles in education. This is IMPORTANT as we will be basing our selection for the next stage on this statement.

1. **References**

Your application should be forwarded to us complete with references. Please note that it is your responsibility to contact referees and to ensure that references reach us. Please note we will only accept references on the reference form, included with the application form.

**12. Disability, special needs or medical condition codes**

To help us make any reasonable adjustments which may be necessary, please use the following codes to indicate your specific needs.

|  |  |
| --- | --- |
| 00 | No known disability |
| 02 | You are blind or partially sighted |
| 03 | You are deaf or hearing impaired |
| 04 | You use a wheelchair or have mobility difficulties |
| 05 | You require personal care support |
| 06 | You have mental health difficulties |
| 07 | You have a disability that cannot be seen, for example diabetes, epilepsy, asthma |
| 08 | You have multiple disabilities |
| 10 | You have Autistic Spectrum Disorder or Asperger Syndrome |
| 11 | You have a specific learning difficulty, for example dyslexia |
| 96 | You have a disability, special need or medical condition that is not listed here |

**13. Declaration of a criminal conviction**

To help us reduce the risk of harm or injury to our students and staff caused by the criminal behaviour of other students, we must know about any relevant criminal convictions that an applicant has. Relevant criminal convictions are *only* those convictions for offences against the person, whether of a violent or sexual nature, and convictions for offence involving unlawfully supplying controlled drugs or substances where the conviction concerns commercial drug dealing or trafficking. Convictions that are spent (as defined by the

Rehabilitation of Offenders Act 1974) are not considered to be relevant and you should not reveal them.

You should be aware that courses in teaching, medicine, dentistry, health, social work, veterinary medicine, veterinary science and courses involving work with children or vulnerable adults, including the elderly or sick people, are exempt from the Rehabilitation of Offenders Act 1974 and different rules apply with regard to criminal convictions.

Consideration of criminal convictions is separate to the assessment of your academic suitability for a course.

**Declaration**

Any offer of a place you may receive if made on the understanding that in accepting it you agree to abide by the rules and regulations of the Institute and by signing this form you are confirming your agreement.

**CONFIDENTIAL**

**EQUALITY MONITORING FORM**

In order to monitor the effectiveness of our equality policy, the Institute requests that all applicants complete this form. In accordance with Data Protection Act 1998, the information you have provided will only be used for the purposes of equality monitoring. The information will be used in summary form only and may inform improvements to our equality policy. **This is removed from your application before the shortlisting stage.**

|  |  |
| --- | --- |
| **Age Group** | 16 - 24  25 - 34  35 – 44  45 - 54  55 - 65  65 +  Prefer not to say |
| **Ethnicity** *(Please tick one category)*  *These categories are recommended by the Equality and Human Rights Commisson.* | White British  White Irish  White – any other background, please state:  Mixed White and Black Caribbean  Mixed White and Black African  Mixed White and Asian  Mixed – any other background, please state:  Asian or Asian British Indian  Asian or Asian British Pakistani  Asian or Asian British Bangladeshi  Any other Asian or Asian British background, please state:  Black or Black British Caribbean  Black or Black British African  Any other Black or Black British background, please state:  Chinese  Any other ethnic Group, please state: |
| **Religion / Belief** | No religion / belief  Christian  Buddhist  Hindu  Jewish  Muslim  Sikh  Other, please state:  Prefer not to say |
| **Sexual Orientation** | Heterosexual  Bisexual  Gay man  Gay woman / Lesbian  Prefer not to say |
| **Are you married or in a civil partnership?** | Yes  No  Prefer not to say |
| **Gender identity** | Is your gender identity the same as the gender you were assigned at birth? |
| Yes  No  Prefer not to say |