KNSTE Assessment Only Route for QTS

Expression of Interest / Application

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| **Title:** | **Forename:** |
| **Surname:** | **Previous Surname:** |
| **Address:** |
| **Postcode:** | **Email Address:** |
| **Home phone:** | **Mobile phone:** |
| **D.O.B:** | **N.I. Number:** |
| **Gender:** | **Nationality:** |
| **Ethnicity:**(Optional) | **Disability/Special Needs:**(optional) |
| **Teacher Ref No**(for office use only) |  |

**This front sheet is removed prior to assessing your application.**

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| ***Surname:***  |
| **Key Stage** | **EY/KS1** | **KS1/2** | **KS2/3** | **KS3** | **KS4** |
| **School Year Group** | **3-7** | **5-11** | **7-11** | **11-16** | **16-19** |

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| **GCSE or Equivalent Qualifications**Please give details of the following GCSE or equivalent qualifications and when they were obtained. All candidates for the AO route must have attained the standard required for GCSE grade C in English, Mathematics, and Science if applying for the primary route, before they start training.  |
| **Subject** | **Qualification and awarding body or details of equivalency**  | **Grade** | **Date of award or assessment** |
| **m** | **m** | **/** | **y** | **y** |
| **English** |  |  |  |  |  |  |  |
| **Mathematics** |  |  |  |  |  |  |  |
| **Science** |  |  |  |  |  |  |  |

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| **Other GCSE, O Levels and A Levels or equivalent qualifications** |
| **Subject** | **Qualification/Awarding body/Other form of assessment** | **Grade** | **Date of award** |
| **m** | **m** | **/** | **y** | **y** |
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| **Higher Education** *AO candidates must have a UK degree or equivalent. If you are waiting for degree results, please ask the higher education institution to confirm in writing that a degree will be awarded and if possible, to indicate the classification.* |
| **Institution of study** |  |
| **Degree-awarding body (if different)** |  |
| **Country of study** |  |
| **Title of course** |  |
| **Main subject** |  | **Percentage of course %** |
| **Subsidiary subjects** |  | **Percentage of course %** |
|  | **Percentage of course %** |
|  | **Percentage of course %** |
|  | **Percentage of course %** |
| **Qualification obtained** |  |
| **Degree Class** | **First Class honours [ ]** | **Upper second [ ]** |
| **Lower Second [ ]** | **Other** **[ ]**  |
| **Date of study from** |

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 | **To** |

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 | **Date of Award** |

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***Qualifications other than those achieved in the United Kingdom will need to have NARIC evidence which must be attached to this application.***

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| **Information about the school where the AO candidate works and would like to be assessed.** *(if applicable)**As a provider of ITT, we have to satisfy ourselves that the employing school has the capacity to undertake their responsibilities for the AO route. The current Ofsted grading of the school may impact this.*  |
| **Name of school** |  |
| **Address** |  |
| **Town or City** |  | **Postcode** |  |
| **Telephone:** | **Fax**: | **E-mail**: |
| **DfES number**  |  |  |  | / |  |  |  |  | **LA:** |
| **Is the school**  |  **Special Measures?** **YES / NO** | **Fresh Start?****YES / NO** |  **Serious Weaknesses?**  **YES / NO** |
| **Date of latest Ofsted:** | **Overall Grade:** |  |
| **Name of Mentor / Line Manager:** |  |
| **Mentor Telephone Number:** |  |
| **Mentor Contact Email:** |  |
| **Is the school a KNSTE partner school?** **YES / NO**  |
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**Date employment at present school commenced:** |
| **Role and type of contract:*****(Please indicate if contract full / part-time – if part-time please give percentage)*** |  |
| **Please attach a copy of your current teaching timetable** *(if appropriate)* |
| **Do you have responsibility for the planning, teaching and assessing of pupils? YES / NO****Please add comment if necessary:** |

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| **Teaching Experience***Please give details of previous employment as a teacher, qualified or unqualified (but not as placement or part of any teaching/training course), in the UK or elsewhere.**Please copy this section if you need to cover experience in more than three institutions.* |
| **School/setting:** |
| **Location:** | **Post held:** |
| **Dates of service** | **From** | **to** | **If part-time, percentage of time working as a teacher**  |   **%** |
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| **Age range of pupils taught** |  |
| **Responsible for whole class** | **YES [ ] NO [ ]** |
| **Subjects taught:** |  |  |
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| **Reason for leaving:** |  |  |
| **School/setting:** |
| **Location:** | **Post held:** |
| **Dates of service** | **From** | **to** | **If part-time, percentage of time working as a teacher**  |   **%** |
|  |
| **Age range of pupils taught** |  |
| **Responsible for whole class** | **YES [ ] NO [ ]** |
| **Subjects taught:** |  |  |
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| **Reason for leaving:** |  |  |
| **School/setting:** |
| **Location:** | **Post held:** |
| **Dates of service** | **From** | **to** | **If part-time, percentage of time working as a teacher**  |   **%** |
|  |
| **Age range of pupils taught** |  |
| **Responsible for whole class** | **YES [ ] NO [ ]** |
| **Subjects taught:** |  |  |
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| **Reason for leaving:** |  |  |

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| **Other Previous Employment** |
| **Establishment** | **Job description** | **Start date** | **End date** | **Hours per week** |
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| **Reason for leaving** |  |
| **Establishment** | **Job description** | **Start date** | **End date** | **Hours per week** |
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| **Reason for leaving** |  |  |  |  |
| **Establishment** | **Job description** | **Start date** | **End date** | **Hours per week** |
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| **Reason for leaving** |  |  |  |  |
| **Establishment** | **Job description** | **Start date** | **End date** | **Hours per week** |
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| **Reason for leaving** |  |  |  |  |

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| **Have you worked overseas for a period longer than 3 months within the last 5 years?** | **YES [** **]** | **NO [** **]** |
| **Have you previously failed/withdrawn from a QTS course?** | **YES [** **]** | **NO [** **]** |
| **If yes, give name of previous course and provider:** |
| **Has the previous provider given a written explanation?*****(attach written explanation to your application)*** | **YES [** **]** | **NO [** **]** |
| **Why are you now more likely to succeed in gaining QTS?** |

**Please complete the following table to provide more detailed information about your teaching experiences. This does not include instances where you have supported groups of children or have delivered lessons planned by others. Please include only periods where you have had responsibility for the planning, teaching and assessment of pupils.**

**You may complete more than one row for each school if your role has changed during your time at the school.**

**Please add any additional information after the table.**

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| School | Start date | End date | % of timetable or number of hours each week when you were responsible for the planning, teaching and assessment | Age group  | Approx. number of children in the class / group | Subject areas taught | Was your teaching assessed during this period? |
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Additional information:

You will be required to complete an Initial Portfolio of Evidence electronically and return it via email prior to Stage One of the interview process. As part of that process, we will look at and discuss with you your portfolio and the nine pieces of evidence you have shared.

***Please note that the Initial Portfolio of Evidence document is a precursor to the far more detailed Portfolio of Evidence we will require you to produce during the Assessment Period should you progress to that stage of the process. At that point, you will be required to produce a Portfolio with detailed commentaries on each aspect of each of the Teachers’ Standards, along with three pieces of evidence for each aspect (114 pieces of evidence in total - 35 x 3 for Part One and 3 x 3 for Part 2). At least one piece of evidence for each aspect should be from a second setting/age phase.***

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| **Disclosure and Barring Services (DBS)** |
| **Date of DBS:**  |
| **Certificate Number:** |
| **Contact details at school (such as school office) to verify DBS is in place.** |
| **If there is not a DBS in place, do you agree to KNSTE carrying out the DBS checks***?*(*this will incur a fee of £65)* **YES (** **) NO (** **)**   |

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| **Health and Physical Capacity** |
| **Can you confirm that you have the health and physical capacity to teach?**  **YES (** **) NO (** **)***(You will be asked to complete a health questionnaire which will be screened by Occupational Health Services this will incur a fee of £25. If any follow up appointments are required, the cost of these will be borne by the candidate)* |
| *Please note that if you are invited to the next stage of the process, you will also be asked to complete further documentation to enable us to contact your employing school for confirmation of criminal record checks and other statutory employment checks. Documentation will also be forwarded to you to enable us to confirm the arrangements for payment of your fees.* |

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| **References***Please provide the names and contact details of two referees. If you are employed, one of your referees should be your present Headteacher.* |
| **First Referee:** |
| **Name:** | **Position held:** |
| **Address:** |
| **Postcode:** |
| **Work Telephone No:** |  | **Mobile:** |  |
| **Email:** |  |

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| **Second Referee:** |
| **Name:** | **Position held:** |
| **Address:** |
| **Postcode:** |
| **Work Telephone No:** |  | **Mobile:** |  |
| **Email:** |  |

 **Candidate Declaration:**

**(a) The information about my qualifications and experience in this application is true**

**(b)**  **I agree to prepare myself for assessment using the KNSTE requirements for the Assessment Only Route, and present myself for assessment at the agreed time**

**(c)**  **I agree that the information in this application and any agreed preparation plan may be made available to a KNSTE-approved External Assessor or Accredited-Provider Assessor as appropriate to enable them to assess me against the Teachers’ Standards for the Award of QTS.**

**(d)**  **I agree that the information in this application and any agreed preparation plan may be made available to Ofsted to enable them to carry out their quality assurance role in teacher training and assessment**

**(e)** **I do not already have Qualified Teacher Status.**

**Signed:**  **Date:** **/** **/**

**PLEASE EMAIL THE COMPLETED FORM TO: KNSTE.ao@knste.set.org**