Teacher Education Application Form

Please complete all sections fully



1. Personal details: Please write in capitals and please complete <u>all</u> sections					
First name:			What is your sex at birth?		
			Male		
Last name:			Female		
Date of birth: (eg 28/05/76)	Nationality:				
	Normal country of residence:				
	Have you lived in the UK for the last 3 years? Yes No				
Permanent Address:		Telephone (including a	area code):		
		Mobile phone:			
Postcode:		E-mail:			
2 Details of the course to	which you wish t	to apply			
2. Details of the course to which you wish to apply					
Course title: please tick					
Certificate in Education (Incorporating DET) part time					
Postgraduate Certificate in Education (Incorporating DET) full time					

3. Which subject(s) do you teach/wish to teach (specialist subjects and levels)

4. Qualifications completed including GCSE/SQA English Language and Mathematics or equivalents. You will need to bring your maths, English language and subject qualification certificates to interview

Full title of Award NB: If NVQ please state level	Place of Study/Awarding Institution	Grade Achieved	Date
English Language GCSE			
Mathematics GCSE			

5. Qualifications not yet completed Full title of Award NB: If NVQ please state level Place of study/ Awarding Institution Predicted Grade Date when your award will be FULLY completed 6. Current employment (if applicable) Date when your award will be FULLY completed Date when your award will be FULLY completed

Employer/Work address Postcode Home telephone Email Post: Number of Teaching hours (per week) (if applicable)

7. Previous employment and main duties: Please give details of employment and work experience since leaving school. Please attach additional sheets if required.						
Date : DD/MM/YY From To		Name and address of organisation	Position held or role undertaken			
	'	 				
		<u> </u>				
	8. Gaps in employment history and education If there are any gaps, please explain them here					
Da	ites	Explanation				
9. Recent short courses/training events/first aid certification (Please provide dates)						

10. Membership of administrative, professional or technical bodies Type of membership Date gained

11. Additional skills, interests and public duties

12. Personal statement

Please use this section to indicate why you want to teach your chosen subject within the Further Education and Skills Sector. You should aim to write approximately 500 words. Please attach additional sheets if required. Please refer to the UCAS guidelines for advice on how to write a teacher training personal statement: www.ucas.com/postgraduate/ teacher-training/applying-teacher-training/how-write-teacher-training-personal-statement

13. References Please provide the names and email addresses of your referees. The first reference should be an academic reference and the second from your current employer (previous employer if not currently employed).

Referee's name:

Referee's name:

Email address:

Email address:

Guidance information for your reference:

Who can write your reference:

• Refer to ucas.com for guidance on how to provide a reference for an applicant to higher education www.ucas.com/advisers/references

14. Have you lived or worked abroad for a period of longer than three months in the last five years?

Yes

(delete as appropriate)

If yes, please provide details:

No

15. Disclosure and barring	Service (DBS – formerly CRB). Applicants to this course are required to				
complete an Enhanced Disclose						
Do you have any outstanding criminal convictions, cautions, reprimands? Yes No No You are required to state whether or not you have any past or pending criminal convictions, cautions and reprimands, including any that may be considered spent under the Rehabilitation of Offenders Act 1974. If you tick the ' yes ' box, the tutor may ask if you wish to disclose anything at interview.						
16. Do you have an agency or support worker? (for example social worker, supported housing, community psychiatric nurse, key worker or any other)						
Yes No If yes, please give details: Name: Agency Blaces tick if you are in care or a	Addres					
Please tick if you are in care or a						
17. Support requirements:						
	urage you to tell us about the	support you may need (please tick)				
Visual impairment (do not tick if your eyesight is corrected by glasses)	Exam access arrangements	English is not my first language				
Hearing impairment	Moderate learning difficulties	Education, Health and Care Plan				
Disability affecting mobility	Severe learning difficulties	Speech, language and communication				
Profound complex disabilities Autism, spectrum disorders	Dyslexia Dyscalculia	Other specific learning difficulty (eg Dyspraxia and global development delay and speech and language)				
Asperger's syndrome	Other physical disability	Received Free School Meals and was in receipt before 1st April 2018				
18. Are you applying for Di	sabled Student Allowan	ce?				
	ontact us by email on dsa@e					
19. Data Protection: Privac	y Notice					
 I confirm that the information I have procorrect. I understand that my information will be application so that I can enter into a lead (contract) with the college I understand that: my contact details will be used to comm my application and future relationship w where Next of Kin details are provided, verify these details of my application may be shared they are proposing to sponsor my study details of my application may be shared nominated on this form my information will be stored for as long further details about this can be found or section on the College website: exe-col 	e used to process my irrning agreement hunicate with me about with the college we will make contact to d with my employer if d with referees I have g as necessary and on the Data Protection hunicate with me about cate d with referees I have g as necessary and hunicate with me about hunicate with me abou	erstand that to carry out its public task to deliver education oblege will: re my personal data with local authorities and other encies which may contact me about services relevant to my dication and my future attendance at college re my data with processing companies to facilitate payment other services re my personal data with other agencies (including law preement agencies) and funding bodies as required by law cuss health and other information (including special egories information) with professionals and other anisations and agencies to ensure that I can have the port I need to achieve the best outcome from my application ess I give my explicit consent, the college will process my cial categories information only when necessary to protect vital interests (e.g. my life), those of others, or where there legal obligation or a substantial public interest in doing so.				

Your signature

Date

A condition of acceptance onto these programmes is subject to the following:

- Satisfactory Enhanced Disclosure and Barring Service Disclosure check
- Suitable references
- Relevant maths, English and subject qualifications
- Satisfactory Interview
- Fitness to Practice

Please return the completed application form to: Admissions, St David's Building, Exeter College, Hele Road, Exeter EX4 4JS. Email: info@exe-coll.ac.uk