

**NPQML Application Form**

**Please complete all the sections of this application form.**

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| --- | --- | --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | | | |
| **Title** | |  | | | |
| **Full Name** | |  | | | |
| **Date of birth** | |  | | | |
| **National Insurance Number** | |  | | | |
| **Teacher Reference Number** | |  | | | |
| **Date on which gained QTS** | |  | | | |
| **Email address\*** | |  | | | |
| **Home Address:** | |  | | | |
| **Contact Telephone numbers:** | | Mobile: | | School: | Home: |
| **SCHOOL DETAILS** | | | | | |
| **School:** | | |  | | |
| **School Address:** | | |  | | |
| **Name of Headteacher:** | | |  | | |
| **School Mentor Name:** | | |  | | |
| **School Mentor email address\*:** | | |  | | |
| **Phase: Nursery/Primary/Secondary/Special**  (delete as appropriate) | | | **Date of appointment:** | | **Role** |
| **Type of Contract:**  (delete as appropriate) | **Full-time/Part-time** | | **If part time, state FTE:** | | **Permanent/Temporary** |
| **Start Date of role:** | | | **If Temporary Contract, please state reason for Temporary Contract and End Date:** | | |

**\*** Email addresses provided should preferably be an organisation email address but not a generic email account e.g. school office.

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| **SUPPORTING STATEMENT** | | | | | | | | | | |
| **Please provide a supporting statement of up to 500 words. In this statement you should outline:**   * **any leadership experience you have had in an educational setting and what you learned from this;** * **what you consider your areas to develop in leadership to be;** * **what you would like to gain from undertaking the NPQML** | | | | | | | | | | |
| **ETHNICITY OF APPLICANT** | | | | | | | | | | |
| **White** | British | □ | Irish | □ | Any other White  Background | | □ |  |  | |
| **Mixed** | White/Black Caribbean | □ | White/Black  African | □ | White/Asian | | □ | Any other Mixed  Background | **□** | |
| **Asian or Asian British** | Indian | □ | Pakistani | □ | Bangladeshi | | □ | Any other Asian background | **□** | |
| **Black or Black British** | Caribbean | □ | African | □ | Any other black background | | □ |  |  | |
| **Other Ethnic groups** | Chinese | □ | Any other Ethnic Group | □ | Not stated | | □ | Please add if not listed |  | |
| **TO BE COMPLETED BY HEADTEACHER OR LINE MANAGER** | | | | | | | | | |
| **Please provide a supporting statement on how you consider the applicant’s suitability to take part in this training.** | | | | | | | | | |
| **Do you support this application?** | | | | | | **YES NO** | | | |
| **Has the school agreed to fund the applicant to complete this programme?** | | | | | | **YES NO** | | | |
| **Your Name** | | | | | |  | | | |
| **Role** | | | | | |  | | | |
| **Email** | | | | | |  | | | |
| **Signature** | | | | | |  | | | |
| **Date** | | | | | |  | | | |

**Please email this form to:**

**Caroline Mandilakis**

[Office@inclusiveschoolstrust.norfolk.sch.uk](mailto:Office@inclusiveschoolstrust.norfolk.sch.uk)

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