

**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**
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| **ETHNICITY OF APPLICANT** |
| **White** | British | □ | Irish | □ | Any other WhiteBackground  | □ |  |  |
| **Mixed** | White/Black Caribbean | □ | White/Black African | □ | White/Asian | □ | Any other MixedBackground | **□** |
| **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

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