

PERSONAL DETAILS

Title (Mr/Miss/Mrs/Ms)	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Forenames
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Surname (Family Name)	Previous Surname (if applicable)
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Permanent/Home Address	Home Phone
	Mobile
	Home Email
Postcode	

QTS Number (required)	Country of Birth
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Date of Birth	Have you been ordinarily resident in the UK for the last three years? Yes <input type="checkbox"/> No <input type="checkbox"/>
Nationality	

CURRENT EMPLOYMENT DETAILS

Name of Workplace

Address

Postcode

Please circle type/phase of education you work in:

Early Years	Primary	Secondary
Special	PRU	Secure Unit
Other, please specify		

School type:

Maintained	Academy
Independent/private	Free

Work Phone

Work Email

FEES

Who will be paying your fees?

Self

Sponsor

if a third party will be paying some or all of your fees please complete this form:

http://d3mcbia3evjswv.cloudfront.net/files/SPONSORSHIP_AGREEMENT_FORM_0_1.pdf

REFERENCES

The Letter of Endorsement form (downloadable with the application form) should be completed and signed by a senior colleague and returned with your application form.

HOW DID YOU HEAR ABOUT THIS COURSE? (please circle as appropriate)

Website

Open Day

Prospectus

Exhibition

Workplace

Advert

Other

DISABILITY OR SPECIAL NEED

Do you have a disability or any special need for which you may require support or extra resources?

If yes, please provide full details in an accompanying letter.

YES

NO

CRIMINAL CONVICTIONS

Have you been convicted of a criminal offence, either in the UK or in any other country?

YES

NO

If yes, please provide full details in an accompanying letter. N.B. There is no need to declare minor motoring offences

DECLARATION

I certify that the foregoing information is correct and I understand that any false or misleading statement made on this form, or failure to disclose information relevant to this application may result in my application being rejected/ registration being terminated and/or may lead to legal proceedings. I agree to supply any information that I am asked for in relation to this application. I understand that this information will be treated in confidence. I understand that the University of Chichester's administration of applications is registered under the Data Protection Act and that personal information which I have declared will be stored on computer and may be verified against other information which I have passed on to other public bodies.

SIGNATURE:

Date:

Please return this completed form, including the Letter of Endorsement to:

**SSENCOT Administrator, Education Department, University of Chichester, Upper Bognor Road, Bognor Regis,
West Sussex PO21 1HR or fax to: 01243 812153**

Letter of Endorsement for Applicants

Name of applicant

Course applied for

Start date

The following to be completed by an appropriate senior colleague of the applicant (eg Head, Deputy Head, Head of Department or Professional Tutor):

Please confirm:

- 1 I will provide support to the candidate to enable him/her to complete the National Award for SEN Coordination programme
- 2 I have seen original photographic evidence of their ID i.e. passport or photo driving licence
- 3 I have seen original certificates for the qualifications as listed on the application form
- 4 The candidate is CRB/DBS checked in accordance with government regulations and is considered safe to work with children

Name of endorser (please print)

Signed

Position held

Workplace name and address