



**SECTION A – PERSONAL DETAILS (Please complete all sections)**

A1 Student Information																				
Student Number (OFFICE USE ONLY)	B	1	2	3	4	5	6	7	National Insurance Number											
									Programme of study <b>Assessment Only Route to QTS</b>											
Title (Mr/Miss/Mrs/Dr. etc.)									Subject Specialism											
Surname/Family Name									Please select two age phases: ( 3-5 5-7 7-9 9-11 11-14 14-16 16-19 )											
Forename & Middle Name(s)									Preferred start date											
Date of Birth	DD/MM/YYYY			Student Fee Status*			<input type="checkbox"/> Home <input type="checkbox"/> European Union <input type="checkbox"/> Channel Islands & IoM <input type="checkbox"/> Overseas													
Sex	<input type="checkbox"/> Male (1) <input type="checkbox"/> Female (2) <input type="checkbox"/> Other (3)																			

A2 Permanent Address (At Application)		A3 Emergency Contact Details	
		Name	
		Relationship to you	
Post Code:		Contact number (main)	
Personal Email:		Contact number (alternate)	
Contact Numbers:	T: _____ M: _____		

**SECTION B – BIOGRAPHICAL DETAILS**

B1 Prior HE Experience	B2 Country of Domicile	B3 Nationality	B4 Parental Education
Have you had prior Higher Education experience in the UK lasting 6 months or more? (Please tick appropriate box)  <input type="checkbox"/> Yes (A) <input type="checkbox"/> No (B)	Please check/state the country of your permanent home/address prior to entry on this course (if blank please complete) <input type="checkbox"/> England (XF) <input type="checkbox"/> N. Ireland (XG) <input type="checkbox"/> Scotland (XH) <input type="checkbox"/> Wales (XI) <input type="checkbox"/> Other If other please specify: _____	<input type="checkbox"/> UK (GB) <input type="checkbox"/> Other  If other please specify: _____	Do any of your parents (natural, adoptive or step) have higher education qualifications (degree, CertHE, DipHE), Please tick the appropriate box. <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't Know (8) <input type="checkbox"/> Information refused (9)
B5 Care Leaver	B6 Ethnic Origin (tick box)	B7 Disability (tick box)	
Have you been looked after by a Local Authority for at least 13 weeks since the age of 14? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> White (10) <input type="checkbox"/> Gypsy or Traveller (15) <input type="checkbox"/> Black or Black British - Caribbean (21) <input type="checkbox"/> Black or Black British - African (22) <input type="checkbox"/> Other Black Background (29) <input type="checkbox"/> Asian or Asian British - Indian (31) <input type="checkbox"/> Asian or Asian British - Pakistani (32) <input type="checkbox"/> Asian or Asian British - Bangladeshi (33) <input type="checkbox"/> Other Asian Background (39) <input type="checkbox"/> Chinese (34) <input type="checkbox"/> Mixed - White & Black Caribbean (41) <input type="checkbox"/> Mixed - White & Black African (42) <input type="checkbox"/> Mixed - White & Asian (43) <input type="checkbox"/> Other Mixed Background (49) <input type="checkbox"/> Arab (50) <input type="checkbox"/> Other Ethnic Background (80) <input type="checkbox"/> Information refused (98)	<input type="checkbox"/> No known disability (00) <input type="checkbox"/> Multiple Disabilities (08) <input type="checkbox"/> A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D (51) <input type="checkbox"/> A social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder (53) <input type="checkbox"/> A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy (54) <input type="checkbox"/> A mental health condition, such as depression, schizophrenia or anxiety disorder (55) <input type="checkbox"/> A physical impairment or mobility issues such as difficulty using arms or using a wheelchair or crutches (56) <input type="checkbox"/> Deaf or a serious hearing impairment (57) <input type="checkbox"/> Blind or a serious visual impairment uncorrected by glasses (58) <input type="checkbox"/> A disability not listed above (96)	
B8 Religion			
<input type="checkbox"/> No religion (01) <input type="checkbox"/> Buddhist (02) <input type="checkbox"/> Christian (03) <input type="checkbox"/> Hindu (10) <input type="checkbox"/> Jewish (11) <input type="checkbox"/> Muslim (12) <input type="checkbox"/> Sikh (13) <input type="checkbox"/> Spiritual (14) <input type="checkbox"/> Any other religion or belief (80) <input type="checkbox"/> Information refused (98)	<input type="checkbox"/> Are in receipt of Disabled Students Allowance (DSA)? (4)		



## APPLICATION FORM – 2019-20 ENTRY

D2c – Teaching Experience (if applicable)	
Have you previously failed/withdrawn from a QTS Course?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### SECTION C –QUALIFICATION(S) ON ENTRY

D1 – Last Institution Attended	
Name of College/University	

[illegible]**ADDITIONAL QUALIFICATION EVIDENCE (IF APPLICABLE)**

### Secondary Applicants

Evidence of appropriate subject knowledge and experience if the degree content is less than 50% of the subject you wish to teach:

### Primary Applicants

Evidence of appropriate subject knowledge and experience if qualifications do not reflect breadth of subjects you will be required to teach:



GCSEs (English Language, Mathematics and Science only)				
Subject	Qualification and awarding body or details of alternative test or assessment	Grade	Date of Award	
			Month	Year
English Language				
Mathematics				
Science (Required for Primary applicants only)				

  

A Levels				
Subject	Qualification and awarding body or details of alternative test or assessment	Grade	Date of Award	
			Month	Year

  

D4 – English Language Competency				
Is English your first language?				
If English is <b>not</b> your first language please state IELTS/TOEFL score(s)	Reading		Listening	
	Writing		Speaking	

Please give details of previous employment as a teacher, qualified or unqualified, in the UK or elsewhere. Please copy this section if you need to cover experience in more than two institutions

School/College name: <i>Current employer</i>					
Town/City:		Country:			
Post held:					
Dates of service:	From (mm/yy)	To (mm/yy)	If part-time, percentage of time working as a teacher	%	
Please tick the box(es) that best describe the school:					
Primary	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	Special School	<input type="checkbox"/>
Other (please specify)				Further Education	<input type="checkbox"/>
Age range of pupils taught:			Responsible for own class(es) (Y/N)	<input type="checkbox"/>	
Subjects taught to public examination level					
Other subjects taught					

School/College name: <i>Previous employer</i>					
Town/City:		Country:			
Post held:					
Dates of service:	From (mm/yy)	To (mm/yy)	If part-time, percentage of time working as a teacher	%	
Please tick the box(es) that best describe the school:					
Primary	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	Special School	<input type="checkbox"/>
Other (please specify)				Further Education	<input type="checkbox"/>
Age range of pupils taught:			Responsible for own class(es) (Y/N)	<input type="checkbox"/>	
Subjects taught to public examination level					
Other subjects taught					

**Career History**

*Please give details of your other relevant work experience (paid or voluntary) to show your potential to teach. Examples of work to include: non-teaching work in educational settings (teaching assistant, LSA, instructor, etc) with adults, young people or children; work in non- educational settings (youth or community work, etc), with adults young people or children' occupations or activities that have required the use of the appropriate subject knowledge; occupations or activities (training, etc) that have contributed to the educational or personal development of adults, young people or children.*

Previous posts or activities (please attach a separate sheet if necessary)	<i>Paid or voluntary</i>	<i>Full or Part-time</i>	<i>Please give actual dates (mm/yy)</i>

**Supporting Statement and Other Relevant Experience**

Please show how your previous academic studies, experience, knowledge, skills, interests and personal attributes make you a suitable candidate for QTS. Please discuss any gaps in your employment history.

**SECTION D – ASSESSMENT AGAINST THE TEACHERS’ STANDARDS**

Please complete the Self-Assessment Form, showing your self-assessment of experience and potential sources of evidence for each of the QTS Standards.

**SECTION E – REFEREES – APPLICATIONS WILL NOT BE CONSIDERED UNTIL REFERENCES ARE RECEIVED**

*References can be included as additional documents supplementary to your application, or emailed separately to [admissions@bishopg.ac.uk](mailto:admissions@bishopg.ac.uk)*

First Referee	Second Referee
Name:	Name
Address:	Address:
Telephone Number:	Telephone Number:
Email:	Email:

Please indicate whether you are applying to any other AO Provider:

Yes		No	
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I declare that the information I have provided about my qualifications and experience in this application is true.

**Applicant Declaration**

a) The information about my qualifications and experience in this application is true. b) I agree to prepare myself for assessment as agreed and present myself for assessment at the agreed time. c) I agree that I have online access. d) I understand the terms and conditions of my appointment and my preparation for assessment and agree to abide by them. e) I agree that the information in this application and any agreed training plan may be stored on a database and made available to an approved external assessor as appropriate to enable them to assess me against the Standards for the Award of QTS. f) I agree that the information in this application and any agreed training plan may be made available to Ofsted to enable them to carry out their quality assurance role in teacher training. g) I do not already have Qualified Teacher Status. h) Where a school is not sponsoring this assessment against QTS Standards, I agree to fund it myself. Where a school is sponsoring this assessment, I agree to abide by the terms laid out in Section C3 below.			
Signed		Date	DD/MM/YY

**Please return completed applications to:**

**Admissions  
Bishop Grosseteste University  
Lincoln  
LN1 3DY**

**or by email to [admissions@bishopg.ac.uk](mailto:admissions@bishopg.ac.uk)**