# Application Form

Teacher Subject Specialism Training: Secondary French/Spanish/German

## **Section I: Applicant Details**

Title: Dr Mr Mrs Miss Ms	Other
First Name:	
Surname:	
Home Address:	
Contact Number:	
Email Address:	
National Insurance Number:	
Teacher Reference Number:	
Section	n 2: For Current Teacher
I am Secondary Teacher with QTS or currently working in a school:	Yes No
Teaching Reference Number (essential):	
How long have you been teaching for?	
What is your degree and subject?	
What subject do you currently teach?	
Do you teach any additional subjects?	

# **Section 3: For Returning Teachers Only**

	I am a Returning Secondary Teacher with QTS (all participants MUST have QTS):	Yes		No		
	NCTL Returner Number (essential):					
	Teacher Reference Number:					
	If you are a Returning Teacher, how long have you been out of teaching for?					
	What is your degree and subject?					
	What subject did you teach?  Are you able to teach any additional subjects?					
Sectio	n 4: Current Employment Details					
	Name of School/ Company:					
	If you are working in a school, please specify the School URN (if known):					
	School/ Company Address:					
	Local Authority:					
	Contact Number:					
Sectio	n 5: Objectives					
Please explain the reasons for your application and what you hope to gain from the course:						

	Section 6: Line Managers Appro	val			
Line Manager's Fu	ıll Name:				
Line Manager's Em	mail Address:				
Line Manager's Co	ontact Number:				
	I can confirm that I have given this applicant authorisation to attend this programme. I am aware that this applicant will need to attend training on two full days and a series of six afternoon sessions. A bursary of £200 will be paid to the school on successful completion of the course.				
	Signed:				
Date:					
Section 7: Declaration					
I would like to apply for a place on the 'TSST: Secondary French/Spanish/German Training Programme'. I confirm that I have discussed this with my line manager and gained approval as indicated above.					
	I am aware that participation on this programme involves a commitment for attendance on two full days and six afternoon sessions, to be held at Belle Vue Girls' School.				
	Signed:				
	Date:				

#### **Section 8: Privacy Notice, Security and Confidentiality**

#### How will we use your information?

The training you are applying for is part-funded by the Department for Education (DfE). The DfE intends to evaluate the course and the potential benefits to those who participate in it as well as the wider education sector. To enable them to do this, we will provide the minimum information necessary to them to carry out their evaluation.

The DfE (or a contracted organisation working on its behalf) may also:

- Contact you to ask about your experiences of the training. Please note that, if contacted, you will be under no obligation to take part. If you do, you will not be identified in any results of the evaluation and you can ask not to participate, or change your mind, at any time.
- Link information you provide in your application form with other information about you which DfE already holds or
  to which it is lawfully permitted access. This is to identify (for example) what kinds of qualifications participants to this
  training go on to achieve, and how long they stay in teaching, without having to contact you repeatedly to ask you to
  update your information.

### Security and confidentiality

The DfE's use of the information we share with them (or its contracted partner) will have no influence on the outcome of your application or your participation in the training and the DfE's findings will not identify you or any other applicants/participants.

Any personal data shared with the DfE will be handled securely and only accessed for the purposes of the evaluation of the MFL package. Once it is no longer needed for this purpose, information we have shared with the DfE will be securely destroyed.

You can find more information about the DfE at www.gov.uk/dfe

I confirm that I have read and agree with the conditions stated above.

Signed:	
Date:	

Return this form to: Ginette Hawkins (hawkinsg@sghs.org.uk)

SGHS Business Centre, Gargrave Road, Skipton, North Yorkshire, BD23 IQN Tel: 01756 707622

**Closing Date: 6 October 2017**