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| Alliance For Learning [CHOSEN] | Bright Futures CMYK 300dpi.jpg |

NQT Registration Form 2019-2020

# School Information

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| --- | --- |
| School Name | Click here to enter text. |
| School DfE Reference Number | Click here to enter text. |
| Name of Induction Tutor | Click here to enter text. |
| Email Address | Click here to enter text. |
| Contact Telephone Number | Click here to enter text. |

# NQT Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name of NQT | | Click here to enter text. | | | | | | | | | | Title | | Click here to enter text. | | | |
| Date of Birth |  | | | | | | | DfE Registration Number | | | | | | | Click here to enter text. | | |
| National Insurance Number | | | | | Click here to enter text. | | | | | | | | | | | | |
| Email address | | | Click here to enter text. | | | | | | | | | | | | | | |
| Date of award of QTS | | | Click here to enter a date. | | | | | | | QTS certificate seen by school | | | | | | | (Please tick) |
| Date of passing skills tests | | | English | | | | Click here to enter a date. | | | | Maths | | | | Click here to enter a date. | | |
| Phase: Primary  Secondary | | | | | | If secondary – main subject | | | | | | | Click here to enter text. | | | | |
| Start date | | | | Click here to enter a date. | | | | | | | | | | | | | |
| Appointment: Full-time  Part-time  (Please tick) | | | | | | | | | If part time – %age of week | | | | | | | Click here to enter text. | |
| Is this the NQT’s first period of induction? Yes  No  (Please tick) | | | | | | | | | | | | | | | | | |
| If no, please supply details of previous induction periods and highlights number of terms already completed Click here to enter text. | | | | | | | | | | | | | | | | | |

Please send to Astrid Lavin via alavin@aggs.bfet.uk or by post via

Altrincham Grammar School for Girls

Cavendish Road

Bowdon

WA14 2NL