

**Teacher Subject Specialism Training  
(TSST) Mathematics Courses – 2017/18**

The purpose of this form is to collect sufficient information to allow approval of your application. This information is stored electronically and is used to make statutory returns to Government agencies.

**Course details**

**Personal Details**

Title *If 'Other' please state*

First name(s)

Surname

Date of Birth

Email address

Teacher Reference Number (TRN/DfE reference number/QTS number)

*(This can be found on your QTS certificate or can be requested from Capita by emailing [tpmail@capitagroup.co.uk](mailto:tpmail@capitagroup.co.uk). If you do not have a TRN you may not be eligible for this course.)*

Year Awarded

**Academic and Professional Qualifications**

*Please tick the qualification below that relates to your highest qualification to date on application.*

	<i>Tick</i>	<i>Year</i>	<i>Institution</i>	<i>Subject (if applicable)</i>
BEd/CertEd				
PGCE Primary/Secondary				
BA or BSc (Hons)				
FE Teaching Qualification				
Other				

**Mathematical Qualifications**

	<i>Year</i>	<i>Institution</i>	<i>Grade obtained</i>
GCSE or equivalent			
A/AS Mathematics			

**Mathematics at Degree Level**

*Briefly describe any mathematical courses passed at degree level*

## Current School/College Details

Current school/college

School/college URN

*This number can be found by searching the EduBase at [www.education.gov.uk/edubase/home.xhtml](http://www.education.gov.uk/edubase/home.xhtml)*

School/college address

Post code

Telephone Number

Email address

*If you are returning to the profession after a career break, you may have an NCTL Returner Number.*

*If so please note this here*

*(You can obtain this number by calling the Return to teaching helpline at the DfE on 0800 085 0971)*

Main subject taught

Additional subjects

Have you previously completed a TSST course?

### Applicant's Declaration

I certify that the information given on this form is correct to the best of my knowledge.

Signature

Date

*If you are submitting this form electronically we will accept a typed-in name as your signature.*

Please email this form, when completed to: [khodgson@aggs.bfet.uk](mailto:khodgson@aggs.bfet.uk)

### PRIVACY NOTICE: How your information will be used

The training you are applying for is part-funded by the Department for Education (DfE). 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.

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 the DfE already holds or to which it is lawfully permitted access. This is to identify (for example) what kinds of qualifications participants to the 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

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 DfE's findings will not identify you or any other applicants/participants. Any personal data shared with DfE will be handled securely and only accessed for the purposes of the evaluation of teacher training, recruitment and retention. You can find more information about DfE at [www.gov.uk/df](http://www.gov.uk/df)