Early Years Teacher Training

# Application form

## Personal details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | **Gender** |  | **Date of Birth** |  |
| **First/given names(s)** |  |
| **Surname** |  |
| **Address line 1** |  |
| **Address line 2** |  |
| **Address line 3** |  |
| **Address line 4** |  |
| **Postcode** |  |
| **Mobile number** |  | **Home phone number** |  |
| **Email address** |  |
| **Ethnicity** |  |
| **National Identity** |  |
| **Disability** |  |
| **Is English your first language?** |  | **If not, state first language** |  |

## Education

### GCSE qualifications - Please list your qualifications at GCSE level or equivalent

|  |  |
| --- | --- |
|  **School Name** |  |
|  **Dates of Attendance** |  |
| **GCSE English grade** |  | **GCSE Maths grade** |  | **GCSE Science grade** |  |
| **Applying for equivalency?** | **Applying for equivalency?** | **Applying for equivalency?** |
| **Other GCSEs with grades****(please list)** |  |

### Post-16 qualifications

Please list your post-16 qualifications, including A levels, AS levels, BTEC, Scottish higher qualifications or equivalent.

|  |  |
| --- | --- |
|  **School/College Name** |  |
|  **Dates of Attendance** |  |
| **Qualification**  | **Grade** | **Date obtained** |
|  |  |  |

### Undergraduate degree

|  |  |
| --- | --- |
| **University/College name** |  |
| **Course studied** |  | **Award name (eg BA)** |  |
| **Degree class** |  |  |  |
| **Start date mm/yy** |  | **Completion date mm/yy** |  |

## Personal statement

|  |
| --- |
| In this section describe your reasons for wanting to participate in the EYTS programme. Describe any experience you have with schools or working with young people and explain the range of skills you would bring to the course. Describe what you expect to gain from participation in the programme and your future teaching plans.  |

## Work experience (including experience in schools and nursery settings)

**PLEASE START WITH CURRENT WORK EXPERIENCE FOLLOWED BY PREVIOUS WORK EXPERIENCE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From |  | To |  | Job role |  |
| Establishment name |  |
| Establishment address |  |
| Role description/Summary of evidence |  |
| From |  | To |  | Job role |  |
| Establishment name |  |
| Role description/Summary of evidence |  |
| From |  | To |  | Job role |  |
| Establishment name |  |
| Role description/Summary of evidence |  |
| From |  | To |  | Job role |  |
| Establishment name |  |
| Role description/Summary of evidence |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From |  | To |  | Job role |  |
| Establishment name |  |
| Role description/Summary of evidence |  |
| From |  | To |  | Job role |  |
| Establishment name |  |
| Role description/Summary of evidence |  |
| From |  | To |  | Job role |  |
| Establishment name |  |
| Role description/Summary of evidence |  |

Do you work at least 0.5 of a full-time equivalent timetable? (e.g if someone working full-time at your setting works 40 hours, you must be contracted for at least 20 hours).

 Yes No

Is there someone in your school or setting able to act as mentor (observe you and provide feedback?)

 Yes No

**For employees of a maintained nursery or reception class:**

Are you, or will you be paid at least grade 1 of the unqualified teachers payscale?

Yes No

**For employees of other Early Years Settings?**

*(Please note you cannot be self-employed or a sole trader)*

Is your setting Ofsted registered? Yes No

Do you follow EYFS? Yes No

## References to be contacted in support of your application

Please provide the name and addresses of two references

### Reference 1

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Position held |  |
| Address 1 |  | Telephone |  |
| Address 2 |  | Fax |  |
| Address 3 |  | email |  |
| Postcode |  |  |  |

### Reference 2

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Position held |  |
| Address 1 |  | Telephone |  |
| Address 2 |  | Fax |  |
| Address 3 |  | email |  |
| Postcode |  |  |  |

## Declaration

|  |  |
| --- | --- |
| **All information I have provided on this form is complete and correct to the best of my knowledge** |  |
| **My personal statement is all my own work and has not been copied from other sources** |  |
| **I agree to undergo suitability checks including a disclosure and barring services check** |  |
| **I understand that the Alliance for Learning can refuse to register me for the EYTS programme if I have given any false information or withheld relevant information** |  |

|  |  |
| --- | --- |
| **Signature** |  |
| **Date of application** |  |

**Please return this application form via email to:** **hlangmead-jones@aggs.bfet.uk**