

**EARLY YEARS INITIAL TEACHER TRAINING**

**APPLICATION FORM**

**Early Years Teacher Status (0-5) Graduate Employment-based Route**

**Thank you for your interest in the Early Years Initial Teacher Training programme. Please complete the application form below and return it to** admissions2020@northampton.ac.uk**.**

*Please fill out the application form using block capitals or typed, complete all sections and supply as much information as possible. If we have to contact you to collect further information or clarify your qualifications it will delay the processing of your application. Please see guidance notes for more information.*

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| **SECTION 1: PERSONAL DETAILS** |
| **Title:** |  | **Address:** |  |
| **Forename:** |  |
| **Surname:** |  |
| **Previous Name:** |  |
| **Date of Birth:** |  | **Post Code:** |  |
| **Sex:** |  | **Home Tel:** |  |
| **National Insurance no.:** |  | **Mobile Tel:** |  |
| **Country of Birth:** |  | **Email:** |  |
| **I confirm that I have the right to study in the UK for at least the duration of the route** |  |
| **I confirm that I have the right to work in the UK for at least the duration of the route** |  |
| **If you have already gained a teaching qualification please give the TRN number**  |  |

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| **SECTION 2 ROUTE SELECTION** |
| *Please tick the preferred venue from those listed on the ‘Guidance Notes & FAQs’ document (please note that some venues may not be available if there are not sufficient numbers, however an alternative venue will then be offered).*  |
| **Graduate Employment- Based, part time, 12 months (GEB)**  |[ ]
|  | Venue: ……………………………….. |
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| **SECTION 3: FUNDING** |
| **Have you previously been enrolled on the EYPS/ EYTS programme with The University of Northampton or any other provider?** | Please Select |
| **If yes, did you complete assessment and receive a not met or did you withdraw?** | Please Select |

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| **FOR OFFICE USE ONLY** |
|  | **Decision** | **Date** | **Signature** |
| **Screened by Tutor** |  |  |  |
| **Offer Interview** |  |  |  |
| **Decision re. Offer** |  |  |  |
| **Course Code** |  |  |  |
| **Notes:** |

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| **SECTION 4: QUALIFICATIONS & REQUIREMENTS** |
| *Please refer to guidance notes* |
| **Degree Title and Subject :** |  |  |  |
| **Classification:** |  | **University:** |  | **Date of award :** |  |
| **Other relevant early years professional / vocational qualification.** |  |
| **Awarding Body:** |  | **Date of Award:** |  |
| *It is a requirement of the programme that all candidates hold a GCSE at grade C or above in English Language, Maths and Science (or a recognised equivalent). If you already hold these then please submit a photocopy/ scanned copy with this form.*  |
| **English Qualification:** |  | **Result:** |  | **Date:** |  |
| **Awarding Body:** |  |
| **Maths Qualification:** |  | **Result:** |  | **Date:** |  |
| **Awarding Body:** |  |
| **Science Qualification:** |  | **Result:** |  | **Date:** |  |
| **Awarding Body:** |  |

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| **SECTION 5: EXPERIENCE**  |
| **Number of years experience working with 0-5s?** |  |
| **Number of years experience working in Key Stage 1?** |  |
|  | **Frequency** |
|  | **Often** | **Sometimes** | **Never** |
| **I currently work with children in the 0-3 age range** |[ ] [ ] [ ]
| **I currently work with children in the 3-5 age range** |[ ] [ ] [ ]
| **I am involved in the implementation of the Early Years Foundation Stage for children 3-5 years** |[ ] [ ] [ ]
| **I am involved in the implementation of the Early Years Foundation Stage for children 0-3 years** |[ ] [ ] [ ]
| **I am involved in the leading of, or supporting of others in the delivery of the Early Years Foundation Stage in my setting** |[ ] [ ] [ ]

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| **SECTION 6: EMPLOYMENT DETAILS** |
| **Current Job Title:** |  |
| **Name of setting/ company:** |  |
| **Manager’s details:** |  |
| **Setting/ Company Address:** |  |
| **Post Code:** |  |
| **Setting Tel No.:** |  | **Setting Email:** |  |
| **Employer Type:** | Please select |
| **Employer Sector:** |  |
| **Local Authority:** | Please select | **If other, please specify:**  |  |

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| **SECTION 7: Please answer the following questions with a brief description** ***(please note boxes will expand as you type)*** |
| **Nature of current role and setting***(please include the age range you work with and number of children in the setting)*  |
| **Relevant experience with 0-5 age group***(number of years experience plus nature of role)* |
| **Relevant experience with Key Stage one** *(number of years experience plus nature of role)* |
| **Relevant study of Child Development** *(e.g. modules during degree course; in house child development training)* |
| **Personal Statement***(Please state why you want to be an Early Years Teacher)* |

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| **SECTION 8: DECLARATIONS** | **Yes or No** |
| **I confirm I do not have a criminal background that might prevent me from working with children***(All applicants will have to provide satisfactory DBS clearance. Details of this process will be forwarded to applicants)* |  |
| **I consider myself physically and mentally fit to work with children** |  |
| **This application is supported by my current employer** |  |
| **I give consent for the University of Northampton to share with my current employer: information regarding the status of my application and progression on the programme**  |  |
| **I give consent for the University of Northampton to share with my Local Authority: work place contact details and information regarding the status of my application and progression on the**  |  |
| **I give consent for the University of Northampton to share with the National College of Teaching and Leadership (NCTL) details provided on my application form and information in relation to my status on the programme.** |  |
| **Declaration**I certify that to the best of my knowledge the information contained in this application form is correct and complete. If accepted onto an Early Years Initial Teacher Training Programme I agree to abide by the rules and regulations of The University of Northampton. I understand that an electronic record will be created using the above information and give permission for staff of the University of Northampton to access this information in connection with the course. I also understand that where agreement has been given the Local Authority or NCTL may wish to contact me.  |
| **Signature:** |  | **Date:** |  |

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| **SECTION 9: MARKETING RESPONSE** |
| **Please tell us how you found out about the Early Years Initial Teacher Training programme at The University of Northampton:** |
| **University Website** |[ ]  **Local Authority Information** |[ ]
| **Flyer** |[ ]  **Briefing Event** |[ ]
| **Open Day**  |[ ]  **Personal Recommendation** |[ ]
| **Press Advert** |[ ]  **Please state publication:** |  |
| **Other** |[ ]  **Please state:** |  |
| **How did you first make contact with us:** |
| **Telephone** |[ ]  **Email** |[ ]  **Website** |[ ]
| **Other** |[ ]  **Please state:** |  |

**CONFIDENTIAL**

**Additional Details form**

The University of Northampton is fully committed to equal opportunities for all and applicants are asked to complete this form as fully as possible. Your response will not influence the outcome of your application. Please see further information overleaf.

*Please tick any relevant boxes*

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| **Name:** |  |
| **Course applied for:** |  |

**Ethnic Origin:**

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| **White – British** |[ ]  **Black or Black British – Caribbean** |[ ]
| **White – Irish** |[ ]  **Black or Black British – African** |[ ]
| **White – Scottish** |[ ]  **Asian or Asian British – Indian** |[ ]
| **Irish Traveller** |[ ]  **Asian or Asian British – Pakistani** |[ ]
| **Chinese** |[ ]  **Asian or Asian British – Bangladeshi** |[ ]
| **Other White Background** |[ ]  **Mixed – White and Black Caribbean** |[ ]
| **Other Black Background** |[ ]  **Mixed – White and Black African** |[ ]
| **Other Asian Background** |[ ]  **Information Refused** |[ ]
| **Other Mixed Background** |[ ]  **Other Ethnic Background** | ☐ |

**Disability** *(if you indicate any disabilities please also complete the section below)*

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| **No known disability** |[ ]  **Mental health difficulties** |[ ]
| **Specific learning difference****e.g. Dyslexia** |[ ]  **Unseen**  |[ ]
| **Please specify:**  |[ ]  **Please specify** |[ ]
| **Blind / Partially sighted** |[ ]  **Multiple disabilities** |[ ]
| **Deaf / Hearing impaired** |[ ]  **Autistic Spectrum Disorder / Asperger Syndrome** |[ ]
| **Wheelchair user / mobility difficulties** |[ ]  **Personal care support** |[ ]
| **Disability not listed** |[ ]   |  |
| **Please specify:** |  |  |

**Disability – Support Needs**

In order for us to provide appropriate support and/or make reasonable adjustments it is important that you give us details for your needs. In most circumstances, the information given here will be enough for us to decide what action we need to take. In some circumstances, you may be contacted by Student Services for further information or to arrange a visit to The University to discuss your needs.

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**Use of this information**

Any information provided in this form will only be used for the purposes of:

* Identifying and meeting your specific needs and requirements
* Ensuring health and safety
* Facilitating communication with you
* Undertaking statistical monitoring as part of our Equality Scheme
* Meeting our legal requirements