

**Postgraduate Certificate Mathematics Specialist Teacher Programme**

**Head Teacher and Additional Information Form**

**Please complete all sections fully to upload with your online application or alternatively return by email to** [**pgtadmissions@northampton.ac.uk**](mailto:pgtadmissions@northampton.ac.uk) **after you have applied online. To enable you to enrol on this course you will require your Head Teacher’s recommendation. If you have any queries please contact Amanda O’Shea via email** [**Amanda.OShea@northampton.ac.uk**](mailto:Amanda.OShea@northampton.ac.uk)

**Applicant - Please complete Section 1.**

**Head Teacher – Please complete Section 2**

**Section 1 – Applicant to Complete**

|  |  |
| --- | --- |
| Surname: | |
| Forename: | |
| School Name & Address: | |
|  | |
| Postcode: | |
| School Telephone: | |
| Number of pupils on school roll: | |
| School E-mail: | |
| Name of Head Teacher: | |
| School Local Authority: | |
| QTS/QTLS  I am a Teacher and have Qualified Teacher Status (QTS/QTLS) Yes / No  7 digit teacher’s reference number *(if you do not know your reference number, contact Teachers Pensions on 08456 066166)* | Teacher Ref No: |
| Number of Years employed as a teacher: |  |
| Which year groups do you currently teach? |  |

|  |
| --- |
| Please give name of school you will be supporting as a mathematics specialist teacher |
|  |

|  |
| --- |
| If English is not your first language, please indicate your score for: |
| TOEFL IELTS Other (please specify) |

|  |
| --- |
| **Applicant Statement - please supply any further information you wish to offer in support of your application. Include recent developments in your own classroom practice, influence on others and any direct involvement in the school development of Mathematics. Please also include any particular aspects you wish to develop in your own teaching of maths.** |

**Declaration**

I certify that to the best of my knowledge the information contained in this application form is correct and complete and if registered for this course I agree to abide by the rules and regulations of the University as amended from time to time and to observe the Code of Conduct, see: <https://www.northampton.ac.uk/about-us/governance-and-management/university-policies-procedures-and-regulations\/>

I understand that an electronic record will be created using the supplied information and give permission for staff and Associates of the University of Northampton to access any information held in connection with the course.

**I have read and agree to the declaration above.**

Sign: Date:

**Section 2 - Head Teacher from supporting school to complete**

|  |  |
| --- | --- |
| Name |  |
| Position | Head Teacher |
| Email Address: |  |
| How long have you known the applicant? | |
| Please identify the teacher’s potential strengths in supporting others across the school. | |
| How would you describe the teacher’s professional skills, organisation and commitment? | |
| How would you describe the applicant’s interest and enthusiasm for mathematics? | |
| Please give any additional information that you consider to be relevant to this application, particularly the involvement of the teacher in the school’s development of mathematics. | |
|  | |
| I recommend the applicant (See Section 1) to the Postgraduate Certificate Mathematics Specialist Teacher Programme and will provide the necessary in-school support and opportunities for professional development.  Sign: Date: | |