**National Award for SEN Coordination – Supporting Documentation**

**Applicant -** Please complete **Section 1**. To enable you to enrol on this course you will require your Head Teacher’s recommendation

**Head Teacher –** Please complete **Section 2**

**Finance –** Please complete **Section 3**

**Section 1 – Applicant to complete**

|  |
| --- |
| Title and Forename(s): |
| Surname: |
| Date of Birth: |
| School Address: |
|  |
| Postcode: |
| School Telephone: |
| E-mail: |
| Name of Head Teacher: |
| Local Authority of School: |
| QTS/QTLSI am a Teacher and have English Qualified Teacher Status (QTS/QTLS) Yes / No7 digit teacher’s reference number *(if you do not know your reference number, contact Teachers Pensions on 08456 066166)* | Teacher Ref No:  |
| I have completed my induction year | Yes / No |
| Number of Years Teaching |  |

**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 of the University of Northampton, Local Authority, and the NCTL to access any information held in connection with the course.

|  |  |
| --- | --- |
| I am paying for the fees myself  | Yes / No |
| My employer is paying my fees  | Yes / No **If Yes, finance manager should complete and sign section 3** |

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

Sign: Date:

**Section 2 - Head Teacher to complete**

|  |  |
| --- | --- |
| Name |  |
| Position | Head Teacher |
| Email Address |  |
| The applicant (See Section 1) has applied for admission to the National Award for SEN Coordination Programme. We would be grateful if you could complete Section 2 on this form and email it to SENCO@northampton.ac.uk as soon as possible. |
| I confirm that as [*add name of applicant*] …………………………………………………’s Head teacher, I support his/her application to become a participant on the National Award for Special Educational Needs Coordination Programme.In agreeing to provide this support, I agree to:* Contribute to the applicant’s initial self-assessment (or identify an experienced member of staff within the school to provide this support),
* Agree to mentoring support which will be provided by the University,
* Ensure the applicant is fully released to attend the programme in its entirety. The award of the qualification is based on a 100% attendance unless agreed with their tutor and University,
* Consider the possibility of providing my SENCO with study time outside of the face-to-face sessions to complete written assignments.

I confirm that the teacher has QTS/QTLS Yes / NoI also confirm that the appropriate background checks have been undertaken with regard to the applicant to allow them to work with children and young people. I recommend my SENCo for this Programme and will provide the necessary in school support and opportunities for professional development.Sign: Date:  |

**Section 3 – Finance Manager to complete unless application is self-funded**

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| **I confirm that the fees for** (*insert applicant name*) ………………………………………………….**will be met by** (*insert school/organisation name*) …………………………………………………….Sign: Date: |
| Name of Finance manager: |
| Finance e-mail address: |
| Invoice Address & postcode: |
| Please email PO number to income@northampton.ac.uk asap if you require this to be quoted on your invoice. |

**Please return the completed form to** **SENCO@northampton.ac.uk****. Should you have any queries, please contact Admissions Team 2 at the above email address or by telephone on 0300 303 2772.**