

**Application Form – Cohort 16 - 2020**

**National Professional Qualification for Middle Leadership (NPQML)**

***\*Completed application forms must be signed and sent electronically to ­******courses@ekla.org.uk***

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| **Participant Professional Information** |
| **Name:** |  | **Previous Surname:** |  |
| **Teacher Ref No (TRN):** |  |
| **Work email:** |   |
| **Work telephone:** |  |
| **School:** |  |
| **School Address:** |  |
| **Postcode:** |  |
| **School URN:** |  | **LA or area:** |  |
| **School phase:** |  | **Number on roll:** |  |
| **School Classification:** | Maintained | Academy | Free | Independent | Special | LA | Other |
| **Percentage of Free School Meals (from School census data):** |  |
| **OFSTED rating and date:** |  |

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| **Personal Information** |
| **Date of Birth:** |  |
| **Gender:** |  |
| **Mobile Number:** |  |
| **Special Dietary Requirements:** |  |
| **Ethnic Origin (please highlight):** | **White - British****White - Irish****Any other white background****Indian****Pakistani****Bangladeshi****Any other Asian Background****Chinese** | **White and Black Caribbean****White and Black African****White and Asian****Any other mixed background****Black Caribbean****Black - African****Any other Black background****Any other ethnic group** |

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| **Disabilities:** | Do you consider yourself to be disabled? Yes NoIf ‘Yes’, do you consider yourself to be disabled under the terms of the Disability Discrimination Act? Yes NoThe Disability Discrimination Act 1995 defines disability as ‘a physical or mental impairment which has a substantial and long-term adverse effect on an individual’s ability to carry out normal day to day activities’. |
| **I confirm that the above information is correct and has been checked for accuracy.** |
| **Signed (Applicant):** |  | **Date:** |  |
| **Name:** |  |

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| **Participant’s Current Role – Part 1 (to be completed by applicant)** |
| **Title of Post or Role:** |  |
| **Brief description of your role including areas of responsibility:**  |  |
| **Date appointed to role:** |  | **Size of team you support:**  |  |

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| **School Based Support Information – Part 2 (to be completed by coach)** |
| **Name of school based coach:** |  |
| **Role of school based coach:** |  |
| **Email address:** |  |
| **Please give a brief statement to support the participants application:** |
| **Coaching pledge**Effective coaching has a huge impact on the progress of participants on this programme, the quality of coaching is often pivotal in rapid and sustained professional development. Please confirm that you, as coach, are committed to supporting and challenging the participant to reflect in depth on their practice and therefore make significant progress in their leadership behaviours, skills and impact. All participants in the programme will need to be supported by a school based coach/mentor. The school based mentor will be required to:* Attend the induction event
* Work with the participant to agree the focus of the school improvement activity
* Meet regularly with the participant at least once per fortnight
* Contribute to the final assessment
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| **Signature of Coach:** |  |
| **School Based Support Information – Part 3 (to be completed by Headteacher)** **Terms & Conditions** |
| Please note that once the booking has been confirmed and the applicant has been accepted onto the programme, the school has a commitment to pay the full fee for the NPQML programme. The School will be invoiced by EKLA prior to the induction session. If in exceptional circumstances the participant decides to withdraw, defer, or leave your school the full course fee is still payable by the school.You confirm:The applicant is in a middle leadership roleThe applicant is ready to undertake the programmeThe applicant will have access to leading a whole school improvement project (if applicable)The applicant will attend all face to face sessions including all final assessment preparation sessions, and involvement in all action learning set activities.The school approves funding for the programmeThe school will provide the applicant with a coach who will fulfill the responsibilities as outlined above under “School Based Support”The applicant has checked their personal details are accurate. If any of the applicant’s information on this form is inaccurate and the final assessment fee becomes payable, the school will be responsible for this.**I support this applicant and agree to the above terms and conditions** |
| **Signature of Headteacher:** |  |
| **Name of Headteacher:** |  |
| **Headteacher’s email address:** |  |
| **Date:** |  |

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|  **Course Fees** |
| The EKLA fees for the **NPQML £749 per person** |

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| **Invoicing Details** |
| **Please provide details of you school business manager/bursar** |
| **Name:** |  |
| **Email address:** |  |

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| **How your information will be used** |
| Data is at the heart of everything we do, it is what allows us to deliver your NPQ programme. For that reason, we take protecting your data very seriously. We will only share your information with companies in direct relation to you attaining your NPQ. EKLA will hold and use your data securely, responsibly and transparently. |

**PLEASE RETURN TO:** **courses@ekla.org.uk** **by Monday 3rd February 2020**