

Assessment Only Route to Qualified Teacher Status (QTS)

You will need to send a copy of ID with this application form and copies of your certificates.

Personal details		
Title: Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>		Surname / Family name (as it appears on official documentation): Click or tap here to enter text.
First name (s): Click or tap here to enter text.		Previous surname / Family name (if changed): Click or tap here to enter text.
Correspondence address: Click or tap here to enter text.		
Postcode: Click or tap here to enter text.		
Daytime telephone number: Click or tap here to enter text.	Evening telephone number: Click or tap here to enter text.	Mobile telephone number: Click or tap here to enter text.
Email Address: Click or tap here to enter text.		
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of birth: Click or tap to enter a date.
National Insurance No. Click or tap here to enter text.		DBS Number: Click or tap here to enter text. Date of issue: Click or tap to enter a date.

Age range of route you are applying for	
Assessment only route to QTS Primary 3-7 <input type="checkbox"/> 5-11 <input type="checkbox"/>	Secondary 11-16 <input type="checkbox"/> 14-19 <input type="checkbox"/> Secondary Subject Specialism: Click or tap here to enter text.

Disabilities and Special needs	
Please enter appropriate code(s): Choose an item.	Support required: Click or tap here to enter text.

Ethnic origin (to be completed only if country of permanent residence is in the UK)

This information is not used in the selection process and is used for statistical purposes only.

Ethnic origin is not the same as nationality, place of birth or citizenship, but about your colour and broad ethnic group.

Choose an item.

Education Qualifications

Please provide details of your education from secondary school onwards, including GCSEs or equivalencies. You'll be required to produce evidence of qualifications. List the most recent first.

Dates attended (month and year)	Name and location of school/college/university	Qualifications gained (including grades, awarding body and date of award)
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Training and Professional Development

Please give details of training or professional development courses undertaken that are relevant to your application

Course dates	Length of course	Course title	Qualification obtained	Course provider
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Previous QTS assessment

If you have previously failed a QTS assessment or withdrawn from a QTS programme, please provide a written explanation and also provide the contact details of your previous training provider. The University of Worcester will only accept applicants of the highest quality and be certain that the applicant is now more likely to succeed.

Have you failed or withdrawn from a QTS course? Yes ☐ No ☐

If yes, give the name of the previous course and provider

Click or tap here to enter text.

Has the previous provider given a written explanation? Yes ☐ No ☐
(attach this to your application)

Applicants applying for the Assessment Only Route must have at least two years full-time teaching experience*, or the part-time equivalent**, across at least two schools/settings.

*full-time teaching experience is the responsibility for planning, delivering and assessing the learning of whole classes for at least 50% of a school's timetable.

** an example of this might be four years' experience on a 25% teaching timetable.

Candidate's current teaching position						
Employer details (name, address, email and/or telephone)	Job Title	Start date (including month/year)	Age range taught	Permanent or temporary	Part-time or full-time	Description of responsibilities
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Previous employment as a teacher				
Employer details (name, address, email and/or telephone)	Job Title	Dates employed (including month/year)	Description of responsibilities	Reason for leaving
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Candidate's teaching experience: Current Setting							
Key Stage	Year Group	No. of pupils	Specify setting	Subject(s) taught	Hrs per wk	Links to National Curriculum/Exam Specifications/EYFS	Responsible for whole class?
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Candidate's teaching experience: 2 nd School Experience (previous setting)

Key Stage	Year Group	No. of pupils	Specify setting	Subject(s) taught	Hrs per wk	Links to National Curriculum/Exam Specifications/EYFS	Responsible for whole class?
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Personal Statement

To show your understanding of the Assessment Only Route, please explain why you think you are suitable and ready for the Assessment Only Route to QTS. Make links to your capabilities in terms of the Teachers' Standards (DfE, 2013). Please use no more than two-sides.

References

Please provide the contact details of two referees; the first should be your current school Head teacher or equivalent, the other should be from someone who can vouch for your experience in a previous school. Please arrange for referees to complete Reference form at end of this document.

Referees' names and addresses

Name:

Click or tap here to enter text.

Name:

Click or tap here to enter text.

Job Title: Click or tap here to enter text.		Job Title: Click or tap here to enter text.	
Relationship to you: Click or tap here to enter text.		Relationship to you: Click or tap here to enter text.	
Address: Click or tap here to enter text.		Address: Click or tap here to enter text.	
Postcode: Click or tap here to enter text.	Telephone number: Click or tap here to enter text.	Postcode: Click or tap here to enter text.	Telephone number: Click or tap here to enter text.
Email address: Click or tap here to enter text.		Email address: Click or tap here to enter text.	

<h2>The School</h2>
<p>The Headteacher of the school that will assess the applicant should complete this section.</p> <p>I confirm on behalf of (school name): Click or tap here to enter text.</p> <p>that (applicant name): Click or tap here to enter text.</p> <p>will work as a teacher at this school during the proposed assessment period.</p> <ul style="list-style-type: none"> The school has confirmed the applicant's fitness to teach and that the applicant has a current enhanced DBS clearance. A copy of the school's most recent OFSTED report must be attached to this application. <p><i>NB: Confirmation of an enhanced DBS will be required by the provider (University of Worcester) prior to commencing the Assessment Only route in order to satisfy DFE requirements</i></p> <ul style="list-style-type: none"> The school has confirmed that a prohibition list check has been carried out. The school has confirmed that applicants from overseas have been subject to criminal record checks. References from previous employer(s) have been obtained to verify that the applicant is suitable for a teaching post. <p>Please also complete the reference below, 2nd school reference will be gained once AO application has been checked.</p> <p>Name (Headteacher): Click or tap here to enter text.</p> <p>Date: Click or tap here to enter text.</p>

Assessment Only Route

Head Teacher Reference, current setting:

Name of Referee		Role		Date	
Name of applicant		School			
School Address					
Tel		Email			

1 - Please comment on the applicant's readiness to complete QTS by an Assessment Only Route, including:

- details of the applicant's experience teaching independently (planning, delivering and assessing).
- Information about the Key Stages/ Year Groups the applicant has worked in and the duration of time (including number of weeks if less than a term)
- subjects taught
- professionalism and safeguarding
- supporting pupil behaviour and well -being
- exam groups taught (if applying for the Secondary Route)

In my professional opinion the AO applicant _____, is consistently demonstrated that they are working in line with the Teachers' Standards.

Signature

Date

