

**Postgraduate Certificate in Education (Special Educational Needs Coordination)**

**National Award Special Educational Needs Coordination (NASENCO)**

**Head Teacher’s Supporting Statement**

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| Applicant’s Name | | | |
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| Date of Appointment as SENCO | | | |
|  | | | |
| School Details | | | |
| Name | | Reference Number *(6-digit Ofsted Unique Reference Number)* | |
|  | |  | |
| School Address | | | |
|  | | | |
| Who Will Pay Course Tuition Fees? *(Please indicate below)* | | | |
| School | Y/N | Applicant | Y/N |
| Address for Invoicing Purposes *(if applicable)* | | | |
|  | | | |
| School Phone Number | | | |
|  | | | |
| Name of Head Teacher | | | |
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| School Agreement to support the Course applicant  *(to be completed by a member of the Senior Leadership Team or a representative from the Board of Governors)* | | | |
| Please confirm that the applicant is the named Special Educational Needs and Disability Coordinator at your school, having taken on the role **since** 2008. By signing below, there is also an undertaking that sufficient consideration will be given to the importance of the SENCO role within the school. During engagement with the NASENCO, it is important that participants are facilitated with requisite resource and collegiate support. This will enable more effective attainment of the Department for Education stipulated intended learning outcomes. The school also commits to appointing a suitable school-based mentor for the duration of the course; preferably this will be a colleague who is part of the senior leadership team.  Referee’s Signature:  Name:  Role:  Date: | | | |
| School Based Reference  (*to be completed by a member of the Senior Leadership Team or a representative from the Board of Governors)* | | | |
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