

## Confidential

### Course applied for (*please circle*)

OCR Level 5	OCR Level 7
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### Personal Details

Dr/Mr/Mrs/Miss/Ms/Other	Surname	
Forename(s)		
Address		
Postcode	Date of Birth	
Phone Number	Mobile Phone Number	
Email Address		
QTS Number ( <i>if applicable</i> )	Nationality	
Is English your first language?		
Yes <span style="margin-left: 150px;">No (<i>please specify</i>)</span>		

Thames Christian College Training is committed to safeguarding and promoting the welfare of children and applicants for these courses must be willing to undergo appropriate child protection screening procedures.	
If you already have an up to date Criminal Records Bureau disclosure/List 99 check, please give details below:	
Disclosure Number:	Date of Disclosure:
Enhanced: Yes / No ( <i>please delete as applicable</i> )	Date of List 99 check:
If you do not have an up to date enhanced CRB disclosure, you will be required to apply for one before the course starts. Please indicate here if this is the case so we can send you the relevant form.	
I need to obtain a Criminal Records Bureau disclosure: Yes ( <i>please circle if relevant</i> )	

### Employment History

Name & Address of Employer	F/T or P/T	Position Held	Age of Pupils where applicable	Date from	Date to

### Secondary and Further and/or Tertiary Education History

Dates from/to	Secondary School, College, Universities attended	Examinations, Academic & Professional Qualifications	Level	Grade	Year Attained

Training Courses attended (three days or over) in last 5 years	Dates

### Experience

Describe your experience and any other information you consider relevant to the course for which you are applying. Please use a continuation sheet if necessary.

List any awards, honours or other recognition received as a result of your work.

Please list any skills, talents, hobbies that could be used in the classroom

## Referees

Please give details of two referees who have known you in a professional capacity for at least two years

Name		
Position		
Address		
Postcode		
Phone No		
Email		
In what capacity known?		
How long known?		

## Fees

Who will pay your fees? <i>(Please circle)</i>
Self                      LEA                      School/College                      Other <i>(Please specify)</i>
Name and full address for invoicing (including postcode) if other than yourself:
I am a qualified teacher and am eligible for funding by the DCSF's Dyslexia-SpLD Specialist Teacher Training Scheme. Yes / No
My QTS Number is:
I attach evidence that I qualify for the DCSF funded scheme: Yes / No
I attach the required letter of support from my Head Teacher or Manager/Senior LA Officer: Yes <i>(Please circle)</i>

## Declaration

<p>I agree to the course Terms &amp; Conditions and understand that, with the exception of QTS teachers funded by the DCSF, the course fees must be received in full before the first day of the course and are non-refundable. If my funding is refused by the DCSF for reason of ineligibility, I agree to pay the course fees myself.</p> <p>I agree that I will not reproduce any part of the Course without written permission from Thames Christian College Training.</p> <p>I understand that the course curriculum may be changed or updated from year to year.</p> <p>I confirm that I have completed this application form myself and that I enclose the £300 deposit (not DCSF funded applicants), letter of support (DCSF funded applicants).</p> <p>Signed: _____ Date: _____</p>
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Please return this form to Thames Christian College Training, Wye Street, London SW11 2HB