

EMPLOYMENT RECORD (Current First)

From	To	Employer (Workplace, not your Local Education Authority)	Position held

Number of Years Teaching Experience (please circle)

NQT	1-4 years	5-9 years	10-14 years	15-19 years
20-24 years	25-29 years	30-34 years	more than 35 years	

PERSONAL STATEMENT

MA(Ed), PGCEPs & Mentorship - Only required for non-standard entry (see website for information)

MA(Mathematics Ed) Please provide, on a separate sheet of paper, a Personal Statement telling us more about your motivation for applying for this course, your work experience (if relevant) and your general interests related to the course of study.

REFERENCES

The Letter of Endorsement form (downloadable with the application form) should be completed and signed by a senior colleague and returned with your application form.

PAYMENT OF FEES

Who will be paying your fees? Yourself Sponsor Local Education Authority

If Sponsor or Local Education Authority, please provide details for invoicing purposes:

Are you an Alumnus of the University of Chichester during the past five years?

Mentorship courses only – free course to applicants with QTS from Partnership Schools.

HOW DID YOU HEAR ABOUT THIS COURSE? (please circle as appropriate)

Website	Open Day	Prospectus	Exhibition	Workplace	Advert	Other
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DISABILITY OR SPECIAL NEED

Do you have a disability or any special need for which you may require support or extra resources? **Yes/No**

If yes, please provide full details in an accompanying letter.

CRIMINAL CONVICTIONS

Have you been convicted of a criminal offence, either in the UK or in any other country? **Yes/No**

If yes, please provide full details in an accompanying letter. N.B. There is no need to declare minor motoring offences

DECLARATION

I certify that the foregoing information is correct and I understand that any false or misleading statement made on this form, or failure to disclose information relevant to this application may result in my application being rejected/registration being terminated and/or may lead to legal proceedings. I agree to supply any information that I am asked for in relation to this application. I understand that this information will be treated in confidence. I understand that the University of Chichester's administration of applications is registered under the Data Protection Act and that personal information which I have declared will be stored on computer and may be verified against other information which I have passed on to other public bodies.

SIGNATURE:

Date:

Please return this completed form together with your personal statement (if required), and a Letter of Endorsement to:
Admissions Office, University of Chichester, Bishop Otter Campus, College Lane, Chichester, West Sussex PO19 6PE
or fax to: 01243 812104

Letter of Endorsement for Applicants to the MA(Ed), MA(Mathematics Ed) and Mentorship

NAME OF APPLICANT

COURSE APPLIED FOR

START DATE

THE FOLLOWING TO BE COMPLETED BY AN APPROPRIATE SENIOR COLLEAGUE OF THE APPLICANT (eg HEAD, DEPUTY HEAD, HEAD OF DEPARTMENT OR PROFESSIONAL TUTOR) PLEASE CONFIRM (TICK BOXES):

- 1 I support the applicant, who is employed in the workplace given below, in their pursuit of this professional development course
- 2 I have seen original photographic evidence of their ID i.e. passport or photo driving licence
- 3 I have seen original certificates for the qualifications as listed on the application form

Name of endorser (please print) _____

Signed _____

Position Held _____

Workplace Name and Address _____
