

The National Award for SEN Coordination



APPLICATION FORM

Please read the accompanying information carefully, particularly the guidance for applicants, before filling this application form.

The form should be returned to:

*SENCO Team
Serco Education Operations
The Sanctuary
Eden Office Park
Macrae Road
Ham Green
Bristol BS20 0DD*

Fax: 01275 371501

E-mail: sencoaward@serco.com

1. Preferred Course Start Date

Please indicate which course you are applying for.

January 2012 April 2012

2. Personal Information

Title (eg Mr, Mrs, Ms)	
Surname	
First Name(s)	
Home address	
E-mail address	
Qualifications	
E-mail address (work)	

3. Qualified Teacher Status

Please note that only applicants with Qualified Teacher Status who have been appointed as SENCOs from September 2008 onwards may be eligible for TDA funding. However applicants without QTS may be accepted onto the programme and funded independently.

7 digit teacher's reference number <i>(if you do not know your reference number, please contact Teachers Pensions on 08456 066166)</i>	
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4. Your Role

Date of first appointment to SENCO in your current school	
Date of appointment to first SENCO role (if different from above)	

5. School Details

School Name	
Name of Local Authority	
School Address	
School telephone number	

School Phase (tick as appropriate)

Nursery Primary Secondary Special (non TDA funded) Pupil Referral Unit (non TDA funded)

6. Preferred Contact Details

Please provide your preferred email address which will be the main contact address that we will use, unless you tell us differently.

Preferred e-mail address	
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If you would prefer to be contacted by telephone or mail, please indicate the relevant details below:

Preferred telephone number		Preferred address	
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7. Your Mentor

Please provide the name of your mentor (usually your headteacher, a member of the SMT or a Senior SENCO—See Guidance for Schools for more info).

Mentor's name:

8. Terms and Conditions

I confirm that I have read and accept the Terms and Conditions for participating in the National Award for SEN Coordination.

Signed:

Name:

Date:

9. Headteacher's Supporting Reference

Please read the accompanying programme guidance for schools before completing this section of the application form.

I confirm that as [add name of applicant]’s Headteacher, I support his / her (please delete as appropriate) application to become a participant on the National Award for Special Educational Needs Co-ordination programme.

In agreeing to provide this support, I agree to:

- Contribute to the applicant’s initial self-assessment (or identify an experienced member of staff within the school to provide this support);
- Provide mentoring support to the applicant (or identify an experienced member of staff within the school to provide this support);
- Ensure the applicant is fully released to attend the programme in its entirety. The award of the qualification is based on a 100% attendance requirement at three face-to-face events and five observation sessions;
- Consider the possibility of providing [add name of applicant] with study time outside of the face-to-face sessions to complete written assignments.

I confirm that [add name of applicant] has Qualified Teacher Status (this is only necessary if participant was appointed as a SENCO since September 2008). I also confirm that the appropriate background checks have been undertaken with regard to the applicant to allow them to work with children and young people. I have read the “Programme Guidance for Schools” and agree to the “Terms and Conditions”. [add name of applicant] was appointed as a SENCO on the [add date].....

Signed:

Date:

Name:

Position within School:

Name of School:

Telephone Number:

E-mail Address:

10. Equal Opportunities Monitoring

Completion of this section of the application form is not compulsory, and non-completion will not affect your access to the Programme. However, if you do complete and return this form, you will be helping the TDA and Serco Education and Children's Services to monitor equal opportunities issues and the age profile of participants.

All information will be held in the strictest confidence.

Gender Male

Female

Age

Ethnic origin White

Asian of Indian origin

of Pakistani origin

of Bangladeshi origin

of East African origin

of Chinese origin

of other origin (please specify)

Black of Caribbean origin

of African origin

of other origin (please specify)

Another ethnic group (please specify)

Do you have a disability? Yes No

If yes, please indicate the nature of your disability: _____

