**The National Professional Qualification for Middle Leaders (NPQML)**

**APPLICATION FORM FOR EXTERNAL APPLICANTS**

Before submitting this application form, please ensure that Part B (the statement of support from your Headteacher/Principal) is completed. Also ensure that boxes/sections marked with an \* are completed as they are a requirement and your application form may not be considered without completion of these.

***Please note that all information provided is held confidentially in compliance with GDPR.***

**PART A**

**Personal Information**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Forename\*** |  | | | | | | | |
| **Surname\*** |  | | | | | | | |
| **Date of Birth** |  | | | | | | | |
| **Email address\*** |  | | | | | | | |
| **Postal address**  **(including postcode)** |  | | | | | | | |
| **Telephone number(s)\*** |  | | | | | | | |
| **Teacher Reference No\*** |  |  | / |  |  |  |  |  |
| **Gender\*** | Male  Female  Prefer not to say | | | | | | | |
| **Ethnic Origin** | Choose an item. | | | | | | | |
| **Disability** | Do you consider yourself to have a disability?  Yes  No  Prefer not to say  If **Yes**, please let us know any special requirements you may have: | | | | | | | |

**Employer/School Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Your current Role/Job Title\*** |  | | |
| **Length of time in role\*** |  | | |
| **Employer (School) name\*** |  | | |
| **School Address (including postcode)** |  | | |
| **Line Manager’s Name\*** |  | | |
| **Line Manager’s Email\*** |  | | |
| **Headteacher/Principal’s Name\*** |  | | |
| **Headteacher/Principal’s Email\*** |  | | |
| **School Type (please select)\*** | **Choose an item.** | | |
| **School Phase (please select)\*** | **Choose an item.** | | |
| **Ofsted rating\*** |  | **Ofsted date** |  |
| **% of Pupils eligible for FSM\*** |  | **Number on roll\*** |  |
| **School Unique Reference Number (URN)\*** |  | | |
| **If your school is a member of a MAT, please provide the name** |  | | |

**Personal statement/career aspirations**

|  |  |
| --- | --- |
| **How many years teaching experience do you have?** |  |
| **Please state briefly any current leadership responsibilities you may have, including examples of how you have contributed to the improvement of teaching or outcomes for pupils. If you are not currently employed as a middle leader, please explain what you have done to date and how this programme will prepare you for middle leadership, outlining the arrangements you will implement to effectively develop leadership skills *(no more than 500 words)*** | |
|  | |
| **Please state which areas of your role you would like to further develop** | |
|  | |
| **Please outline your career aspirations, the timeline in which you wish to achieve them and how this qualification will support you with this *(no more than 200 words)*** | |
|  | |

**Declaration\***

|  |  |
| --- | --- |
| **I agree to complete the NPQML, including attending all the face to face training sessions and submission of the improvement project** | Yes  No |
| **I am aware that my data will be shared with third parties such as the DfE and SSAT in connection with the NPQML** | Yes  No |
| **I agree to my photograph being taken at some face to face days which may be used in marketing material. Should my circumstances change, it is my responsibility to withdraw permission for photographs being taken** | Yes  No |
| **I confirm that I hold a current DBS certificate** | Yes  No |
| **Please provide DBS certificate number and date of issue** |  |

**Invoice details\***

|  |  |
| --- | --- |
| **Name** |  |
| **Job Title** |  |
| **School Name** |  |
| **School address** |  |
| **Name of finance officer** |  |
| **Email of finance officer** |  |
| **School telephone** |  |
| **Purchase order number** |  |

**PART B**

**Headteacher’s Declaration**

|  |  |
| --- | --- |
| **I confirm that I agree to release the application to attend all the NPQML face to face training sessions** | Yes  No |
| **I confirm that I agree to meet the costs of the NPQML programme** | Yes  No |
| **I confirm that I agree to provide the applicant with a suitable coach for the duration of the programme** | Yes  No |
| **Please comment below on the applicant’s suitability for undertaking the NPQML programme.** | |
|  | |