**CPD Application**Please TYPE your responses and email to admissions@leedstrinity.ac.uk

* Please include photos/scans of your Qualified Teacher Status
* If your name has changed since your certificates were issued, please include a photo/scan of your marriage certificate/deed poll.

# Section 1

**1.1 Programme Sought**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title of Programme**  |  |  |  |
| Planning for Progression RE Subject Specialism: RALTUPLFPRP1L09 |  |  |

**1.2 Personal Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** (Mr/Mrs/Miss etc.) |  | **Forename** (First Name)  |  | **Surname/Family Name**  |
|  |  |  |
| **Date of Birth**Day / Month /Year |  | **Gender** |  |  **Previous Name(s), if changed** |
|  |  |  |  |  |
| **Home Address** |  | **Contact address if different for correspondence** |
|  |  |
| Postcode:  | Postcode: |
| Telephone:  | Telephone: |
| E-Mail:  | E-Mail: |
| **Country of birth:** |  |
| **Country of Permanent Residence:** |  |
| **Nationality (as on passport): ￼** |  |
| **Have you been a UK resident for three years or more?** |  |
| **Have you previously studied at Leeds Trinity? If so, please give your student ID number (if known)** |  |
| **Who is paying the course fee (you or your employer)?** | Self-funded |  | Employer Funded |  |
| **EMPLOYER FUNDED APPLICANTS:****Please provide name, school URN address and contact details of your employer’s finance department for invoicing.****Your head teacher must also approve your application – please ask them to complete section 5 of this form.** | School Name:URN:Address:Invoice Details:Contact Email:Contact Telephone:Invoicing Address: |

|  |  |
| --- | --- |
| **SELF FUNDING APPLICANTS****Payment can be made in full via the payment link on your university E:vision account. You receive this upon registration****Or****To pay in instalments (maximum 6 monthly instalments), please contact the finance team on 0113 283 7311 to arrange payment terms.**  |  |

|  |  |
| --- | --- |
| **DUAL REGISTRATION REQUIRED****Please note, candidates must also register with the Diocese of Middlesborough for the RE Subject Knowledge element of the programme. Please use the link opposite to register** | [RE training Application Form](https://forms.office.com/Pages/ResponsePage.aspx?id=4tmOelS48EW_p0W6sdq4tcWo9EH6bGxBlYoftIYTrT5URElCVkFCSkdZREo5V0YyUlhFWTUyOTdFSi4u) |

# Section 2

**Reasons for wishing to join this programme**

**Tick as many as apply**

|  |  |
| --- | --- |
| **To address personal professional development needs** |  |
| **To further career/promotion prospects**  |  |
| **To address Performance Management targets**  |  |
| **To address Institutional Development Needs/Improvement Plan** |  |
| **Other** |  |

If other, please specify:

# Section 3

**5.1 Qualification which led to QTS. Please attach proof of your award of QTS.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **University/Institution** | **Start Date** | **Finish Date** | **Qualification** | **Subject(s)** | **Result** |
|  |  |  |  |  |  |

**Section 4**

**Disabilities/Special Requirements**

At Leeds Trinity we provide a wide range of additional support to address individual needs. Please let us know if you have a disability such as visual impairment, mental health difficulty, a medical condition such as epilepsy, ME, or if you are hard of hearing, have dyslexia or you are a wheelchair user, for example.

We would be pleased to arrange an informal meeting with you to discuss any individual support requirements to enable you to participate in the course.

1. **– No Disability F - You have a mental health condition**
2. **- You have a social/communication impairment G - have a learning difficulty such as dyslexia**
3. **- You are blind or have a serious visual impairment H - You have physical impairment or mobility issues**
4. **- You are deaf or have a serious hearing impairment I - Disability, impairment etc. not listed**
5. **- You have a long-standing illness/health condition J - You have two or more impairments**

If you would like to give any additional information to assist us in considering your additional support needs, please do so in the space below.

|  |
| --- |
| **Further Information** |
|  |

# Section 5

**5.1 Confirmation Headteacher’s agreement to support the course candidate:**

|  |  |
| --- | --- |
| **I support the application and confirm that the member of staff will attend taught sessions** |  |

|  |  |
| --- | --- |
| **I confirm that the school is paying the course fee**  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signature of Headteacher** |  |  |  |  |

Day Month Year

# Section 6

**6.1 Declaration**

**General Data Protection Regulation:** The information that you have supplied will be processed and held on computer. The data may be processed for the purpose of compiling statistics and passed to the Higher Educational Statistical Agency. By signing and returning this application form you will be deemed to be giving your consent to the processing of said data.

**I consent to the processing of the data contained in my computer record. I hereby grant Leeds Trinity University authority to release information relating to my academic status to my funding body or other agencies appropriate.**

|  |  |  |
| --- | --- | --- |
| **Signature** |  | **Date** |

**APPLICANT CHECKLIST**

* Application form fully completed
* Academic qualifications attached
* Marriage certificate/deed poll attached (if name has changed)

Please send to admissions@leedstrinity.ac.uk.