

**Application for Assessment Only Route to QTS**



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| **Section 1: Candidate details** |

**Name**

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| --- | --- |
| Title: |  |
| Forename |  |
| Middle name(s) |  |
| Surname |  |
| Previous surname (if applicable) |  |
| Date of Birth |  |
| Teacher Reference Number (if known) |  |
| DBS Date & Reference Number |  |
| UK National Insurance Number |  |

**Contact Details**

|  |  |
| --- | --- |
| Email address (This should be a **private** email address) |  |
| Telephone number |  |

**Home Address**

|  |  |
| --- | --- |
| Address line 1 |  |
| Address line 2 |  |
| Address line 3 |  |
| Town |  |
| County |  |
| Postcode |  |

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| **Section 2: Supporting school** |

**Supporting school**

|  |  |
| --- | --- |
| School name |  |
| Address line 1 |  |
| Address line 2 |  |
| Address line 3 |  |
| Town |  |
| Postcode |  |

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| --- | --- | --- |
| Please indicate whether teaching full or part-time (please note percentage FTE for part-time) | Full time |  |
| Part time |  |

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| **Section 3: Qualifications** |

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| **GCSEs or equivalent** |

Please note – all trainees must have a GCSE Grade 4 (C) or above (or equivalent) in Maths, English and Science

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| --- | --- | --- | --- | --- |
| Subject | Grade | Qualification | Examining Body | Date Obtained |
| Maths |  | GCSE |  |  |
| English Language |  | GCSE |  |  |
| Science |  | GCSE |  |  |

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| **Degree or equivalent** |

To be eligible for the Assessment Only Route you must have a UK bachelor’s degree or equivalent. Please enter the details of your degree below. Please consult the AO Guidance Document if you have a degree from outside the UK.

|  |  |
| --- | --- |
| Institution |  |
| Title (eg BSc) |  |
| Degree title |  |
| Subject area |  |
| From |  |
| To |  |
| Class (e.g.) 2.1 |  |
| Have you already obtained this degree? |  |
| Main subject(s) studied in degree |  |
| Main subject(s) studied in degree |  |
| Main subject(s) studied in degree |  |
| Main subject(s) studied in degree |  |

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| **Additional qualifications (relevant to application)** |

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| Awarding Body | Qualification | Date Obtained |
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| **Section 4: Teaching employment/experience** |

**Current Position**

Please enter details of the teaching experience that you have, **with the most recent first.**

|  |  |
| --- | --- |
| School/Establishment |  |
| From |  |
| To |  |
| Job title |  |
| Role description  (Please briefly describe your duties and responsibilities.) |  |
| Primary subjects taught |  |
| Secondary subject(s) |  |
| Other subject taught |  |
| Pupil age range: From |  |
| To |  |

**Teaching Experience 2**

|  |  |
| --- | --- |
| School/Establishment |  |
| From |  |
| To |  |
| Job title |  |
| Role description  (Please briefly describe your duties and responsibilities.) |  |
| Primary subjects |  |
| Secondary subject(s) |  |
| Other subject taught |  |
| Pupil age range: From |  |
| To |  |

**Teaching Experience 3**

Add others as appropriate

|  |  |
| --- | --- |
| School/Establishment |  |
| From |  |
| To |  |
| Job title |  |
| Role description  (Please briefly describe your duties and responsibilities.) |  |
| Primary subjects |  |
| Secondary subject(s) |  |
| Other subject taught |  |
| Pupil age range: From |  |
| To |  |

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| **Section 5: Employment history – non-teaching** |

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| --- | --- | --- | --- |
| Employer | Job Title | Date started | Date ended |
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| **Section 6: Previous Initial Teacher Training/QTS** |

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| Have you previously failed a Qualified teacher status (QTS) assessment? |  |
| Have you previously withdrawn from a QTS course? |  |
| Have you previously applied to an Initial teacher training (ITT) course? |  |
| If yes to any of the above, please give details on an attached sheet |  |

Please indicate whether you are applying to any other AO provider Yes / No

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| **Section 7: Supporting Statement** |

Please describe, why you think you are a suitable candidate for the Assessment Only route. Explain the skills, qualities and experience you possess, which you believe will enable you to become a successful teacher.

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| **Section 8: Partnership Agreement & Declarations** |

This Partnership Agreement consists of the Payment of Fees Agreement and the Declarations to be signed by the Headteacher and Candidate.

**Host school details**

|  |  |
| --- | --- |
| School Name |  |
| School Tel |  |
| School Email |  |
| Full name of Headteacher |  |

**Mentor details**

|  |  |
| --- | --- |
| Name |  |
| Tel |  |
| Email |  |
| Experience & Training |  |

**Payment of Fees Agreement**

The fees for this programme are as follows:

* September 2025 to March 2026 - **£3250**
* April 2026 to March 2027 - **£3300**

Visits outside of the South-West will incur additional travel costs.

Fees may be paid by the sponsor school or directly by the candidate. Please confirm below who is paying these fees. Once the application has been shortlisted an invoice will be sent to the payee for immediate payment.

\* Please note that if a candidate withdraws at a late stage in the application process, after SCIL has incurred significant costs, there will be an administrative fee of £250.00 to be paid by the candidate or the host school.

Please confirm who the fees are to be paid by:

**Host School** £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Candidate (Self-funding)** £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Combination of Host school and** £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Candidate amount each paying**

**Candidate’s Declaration**

I can confirm that I received training on the following aspects of wider professional responsibilities:

Safeguarding Date training completed:

British Values Date training completed:

Prevent Date training completed:

Keeping Children Safe in Education Date training completed:

In order to successfully submit the application, please sign below to confirm that all information provided is accurate and correct, and that fees will be paid as applicable and noted in the above Payment of Fees Agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

**Candidate’s Name (please print) Signed Date**

**Headteacher’s Declaration**

I confirm that the school commits to:

* Providing an appropriate assessment placement for the candidate named above
* Providing the candidate with individual support from a Mentor, who will oversee the candidate during the assessment period
* Ensuring that teaching is observed on a weekly basis and that constructive feedback is provided
* Ensuring that a weekly formal meeting between the trainee and mentor is held
* Ensuring that all staff in the school are aware of, and actively support, the AO programme
* Ensuring that DBS checks are made and recorded for each candidate
* Ensuring that the candidate is given the opportunity to observe good practice throughout the placement
* Ensuring compliance with all relevant legislation, in particular that which relates to equal opportunities, race relations, safe-guarding training, sex discrimination and disability
* Providing opportunities for the candidate to participate in and contribute to the corporate life of the school
* Paying fees as applicable and noted in the above Payment of Fees Agreement

**I confirm that the candidate demonstrates competence against the Teachers' Standards and has the fundamental English and Mathematics skills required to gain Qualified Teacher Status.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

**Headteacher’s Name (please print) Signed Date**

**Please note that typed signatures cannot be accepted**

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| **Section 9: References** |

Please provide details of two referees. It is important that you have confirmation from the person named that they are prepared to act as a referee and have their personal contact details on this application form. We prefer academic or employment references over personal references. Please note that you cannot nominate relatives or friends.

**Reference 1**

|  |  |
| --- | --- |
| First name |  |
| Surname |  |
| Job title  (Enter your referees’ professional role and, if appropriate, also list their professional connection to you.) |  |
| Telephone number |  |
| Email address |  |
| Postcode |  |
| Address line 1 |  |
| Address line 2 |  |
| Address line 3 |  |
| Town |  |
| County |  |
| Country |  |
| Can this referee be contacted prior to an initial interview? |  |

**Reference 2**

|  |  |
| --- | --- |
| First name |  |
| Surname |  |
| Job title |  |
| Telephone number |  |
| Email address |  |
| Postcode |  |
| Address line 1 |  |
| Address line 2 |  |
| Address line 3 |  |
| Town |  |
| County |  |
| Country |  |
| Can this referee be contacted prior to an initial interview? |  |

**Section 10 will not be included as part of the selection process**

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| **Section 10: Additional information** | |
| Do you have a disability or any special requirements?  If you have a disability or any special needs (including dyslexia or any other specific learning difficulty) or a medical condition, please select the most appropriate statement from the list below. | |
|  | ✓ |
| No known disability |  |
| Multiple disabilities |  |
| A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D |  |
| A social/communication impairment such as Asperger’s syndrome/other autistic spectrum disorder |  |
| A long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy |  |
| A mental health condition, such as depression, schizophrenia or anxiety disorder |  |
| A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches |  |
| Deaf or a serious hearing impairment |  |
| Blind or a serious visual impairment uncorrected by glasses |  |
| A disability, impairment or medical condition that is not listed above |  |
| If you have answered yes to the above, please provide details of any special needs or support required |  |
| Ethnic Origin  If you live in the UK, select the category from the list that most closely describes your ethnic origin. If you live outside the UK, you must not enter anything in this box. SCIL is committed to promoting equal opportunities and prohibiting unlawful or unfair discrimination on the grounds of a candidate's race, colour, nationality or ethnic origin. In order to monitor this, and for no other purpose, you are encouraged to provide details of your ethnicity. | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **✓** |  | **✓** |
| White |  | Mixed – white and black Caribbean |  |
| White – Scottish |  | Mixed – white and black African |  |
| Irish traveller |  | Mixed – white and Asian |  |
| Gypsy or Traveller |  | Other mixed background |  |
| Other white background |  | Arab |  |
| Black or black British – Caribbean |  | Other ethnic background |  |
| Black or black British – African |  | Not known |  |
| Other black background |  | Information refused |  |
| Asian or Asian British – Indian |  |  |  |
| Asian or Asian British – Pakistani |  |  |  |
| Asian or Asian British – Bangladeshi |  |  |  |
| Chinese |  |  |  |
| Other Asian background |  |  |  |

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| **Privacy Notice** |

For further information on the data protection and privacy please visit:

[www.supportservicesforeducation.co.uk/DataProtection/Privacy](http://www.supportservicesforeducation.co.uk/DataProtection/Privacy)

**Please refer to the AO Application Checklist for details on the further evidence and documentation you need to send along with this application form to complete your application to the Assessment Only Route to QTS at SCIL.**

Logo

Description automatically generated with low confidence