

# KENT & MEDWAY TRAINING

## PGCE REGISTRATION FORM (for entry September 2009)

Subject you wish to teach:		
Surname:		
First name(s):		
Preferred title: (eg Mr, Mrs, Miss, Ms, Dr):	Male/Female:	
Address:.....		
.....Post code: .....		
Home telephone number:	email address:	
Daytime telephone number:		
Date of birth:	Country of birth:	Nationality:
Residency status:		
Please indicate ethnic origin using the codes below (This information will be used for statistical purposes only)		
W = White; CB = Caribbean Black; AB = African Black; BB = British Black; C= Chinese		
IPB = Indian, Pakistani, Bangladeshi; O = Other (please specify)		

### FUNDING

Are you eligible for LEA funding? Yes  No   
If so, please state the name Local Education Authority (LEA)

From September 2006 ITT providers were able to charge fees of up to £3,000. Kent and Medway Training charge £2,000. A bursary of up to £9,000 is available plus access to additional funding (see information sheet in KMT's information pack)

### REHABILITATION OF OFFENDERS

The course for which you have applied will bring you into contact with young people under the age of 18 years. For this reason a place on the course is exempt from the provisions of the Rehabilitation of Offenders Act 1974 and Associated Orders. Applicants are not, therefore, entitled to withhold details of any convictions. You must make a full disclosure of all convictions, however trivial and however old, the only exception being minor offences involving motor vehicles. If a place on the course were offered to you, it would be conditional upon your agreeing to an Enhanced Disclosure being carried out by the Criminal Records Bureau. If the Enhanced Disclosure revealed any undisclosed convictions, the Governing Body would reserve the right to withdraw the offer of a place on the course.

Have you been convicted at any time of any criminal offence, other than a minor offence involving motor vehicles? Yes/No

If **YES**, please give details on a separate sheet and put in a sealed envelope marked (**CONFIDENTIAL**) with this application. (Any such declaration will not prejudice consideration of your application).

Have you previously enrolled on a QTS course? Yes/No  
If yes please provide further details on a separate sheet.

### DATA PROTECTION ACT

I understand that personal information that I have provided will be computerised for administrative purposes, including statutory returns, and that a copy of the application form will be passed to any Placement Schools. (Copy of information held on computer can be provided at a charge of £10.00)

**KENT & MEDWAY TRAINING**

**Name:** .....

**Subject:** .....

**QUALIFICATIONS**

<b>'O' Levels/GCSEs</b>			<b>'A' Levels/Equivalent</b>		
Subject	Grade	Date	Subject	Grade	Date

<b>Degree/Equivalent</b>				
Title of Degree	University	Course Elements (with indication of weightings) (or attach additional sheet)	Classification	Date completed

**SECONDARY EDUCATION/FE/HE**

<b>School/Institution</b>	<b>Dates</b>

**EMPLOYMENT HISTORY**

<b>Nature of Work</b>	<b>Name of Employer</b>	<b>F/PT</b>	<b>Dates</b>

KENT & MEDWAY TRAINING

Name: .....

Subject: .....

**EXPERIENCE OF WORKING WITH YOUNG PEOPLE (either paid or voluntary)**

**SKILLS I HAVE THAT WOULD BE USEFUL AS A TEACHER**

**WHY I WISH TO TEACH**

KENT & MEDWAY TRAINING

Name: .....

Subject: .....

**SPECIAL NEEDS OR SUPPORT** required as a consequence of any disability or medical condition.  
Please give details. This will help us to consider how we may best support your needs.

**MEDICAL INFORMATION**

Are you in good health?                      Yes/No

How many days sick have you taken during the past two years? .....

Acceptance onto the course is subject to satisfactory completion of a Health Check Form

**REFERENCES**

Please give details of TWO referees - one academic and one recent character reference.

1. Name:  
Position:  
Address:

Daytime telephone number:  
Email:  
Post/Occupation/Relationship:  
How long have you know this referee?

2. Name:  
Position:  
Address:

Daytime telephone number:  
Email:  
Post/Occupation/Relationship:  
How long have you know this referee:

**DECLARATION**

I do declare that the information I have given in this application is true and accept that if I have knowingly given false information it may result in my application being no longer considered.

Signed: .....

Date: .....

The completed form should be sent to:

Kent & Medway Training  
c/o The Leigh Technology Academy  
Green Street Green Road  
Dartford, Kent DA1 1QE

Email: [bsm@leighctc.kent.sch.uk](mailto:bsm@leighctc.kent.sch.uk) or [hki@leighctc.kent.sch.uk](mailto:hki@leighctc.kent.sch.uk)