

Application Form

For those wishing to be assessed against the
Higher Level Teaching Assistant Standards



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

You should forward this form to your Consortium Office by **26th November 2011**.

Please return your completed form to:-

Elen Edwards
School Improvement & Inclusion Services
Denbighshire County Council
Level 3, County Hall
Wynnstay Road
Ruthin
LL15 1YN

Candidate Summary Sheet	
Full Name and address	
email address	
School Name and Address	
Telephone No Email	(This is the main school where you work if you work at more than one school.)
Type of School	*Primary, *Secondary, *Nursery, *Special *Specialist provision in Mainstream School *Other educational setting. Please specify:
Area of Expertise	
	Qualification
Literacy	
Numeracy	

4. PROFESSIONAL DEVELOPMENT EXPERIENCES				
Please give a brief description of any professional development/experience undertaken during the last five years. This might include, for example, courses, shadowing, participation in working groups and may include any relevant development done outside work.				
Development undertaken				Date
5. YOUR CURRENT ROLE				
5.a. Where do you work?				
Name of school/organisation:				
Address:				
City/Town:				
County:			Postcode:	
Telephone Number:			E-mail address:	
5.b. Please tick the boxes that best describe your place of work: (Tick all that apply)				
Primary School		Secondary School		Nursery School
Special School		Specialist Provision In Mainstream School		Other educational setting. Please specify:
5.c. What is your current job title?				
5.d. When did you start your current role? (MM/YY)				
5.e. What is the average number of hours you work in your current role per week?				
5.f. In your current post, how much time if any have you spent working in the classroom with the following? (please tick one box per row)				
	None	Less than 6 months	6 months to 2 years	More than 2 years
Foundation phase				
Primary phase				
Secondary phase				
Post 16				

7. HEAD TEACHER'S SECTION

Section 7 must be completed by the Headteacher before the candidate signs their declaration at Section 8. The application should then be returned to the Consortium Office at the address shown on the front of this form.

7.a. Headteacher's endorsement of this application

I consider that the candidate is suitable for assessment against the HLTA standards (set out in Welsh Government Circular 020/2011) and already fulfil these duties as part of their job description

I agree to support the candidate in order to

- provide opportunities for the candidate to demonstrate that she can meet the standards;
- allow three days out of school for briefing;
- provide preparation time during the assessment period; and
- to the assessment taking place in school.

I have seen a copy of the candidate's certificates confirming that they have both a literacy and numeracy qualification equivalent to Level 2 of the National Qualifications Framework or Qualifications and Credit Framework (QCF within the broader Certificate and Qualification Framework Wales [CQFW])

Standard 33 states: Advance learning when working with whole classes without the presence of the assigned teacher.

I confirm that the candidate meets Standard 33 through the course of their job.

7.b. SCHOOL'S PRIORITISATION OF CANDIDATES

- If you **are** nominating more than one of your staff for assessment, please indicate based on whole school priorities, the order in which you would wish them to be selected for assessment.
- **Failure to prioritise candidates may result in none of them being selected.**
- It may not be possible for more than one individual from a single school to be accepted for assessment in this round of applications.

This candidate should be considered as priority No. ___ of ___ candidates.

Head Teacher's declaration

I have read the completed application form and confirm to the best of my knowledge the information provided is accurate.

Signed:

Date:

Name (capitals please)

8. Candidate's Declaration

- I would like to apply for assessment against the HLTA standards to be undertaken between January – July 2012
- I have attached **photocopies** of my certificates.
- The information I have given on this form is correct to the best of my knowledge.

Signed**Date**

The information you have given will form part of information held by the Welsh Government, LEA's and the assessors. All the information will be handled in accordance with the Data Protection Act and no one will be able to obtain information about you personally from any published statistics. Under the Data Protection Act 1998 you have the rights to a copy of the data held about you by the Welsh Government, for a small fee. If you have any concerns about or objections to the use of data for these purposes, please contact Welsh Government, LIPD4, Cathays Park, Cardiff, CF10 3NQ.

Equal opportunities monitoring form

STRICTLY PRIVATE AND CONFIDENTIAL WHEN COMPLETED

We are committed to ensuring equality of opportunity for all applicants. We will monitor the profile of those applying for assessment and the outcomes of those applications using the information below. Information from this form will **NOT** be used for recruitment and selection purposes.

1) Ethnicity

How would you best describe your ethnicity? (Please choose ONE section from A to E, then tick the appropriate box to indicate your cultural background).

A White

British
Irish
Any other White background, please specify _____

B Mixed

White and Black Caribbean White and Black African White and Asian
White and Mixed background, please specify _____

C Asian or Asian British

Indian Pakistani Bangladeshi Any other Asian background, please specify _____

D Black or Black British

Caribbean African Any other Black background, please specify _____

E Other ethnic group

Chinese
Any other background, please specify _____

2) Gender Male Female

3) Age

Deleted: <sp>¶

4) Do you consider that you have a disability? Yes No

If yes, how would you describe your disability?

The Disability Discrimination Act (DDA) defines a disability as a physical or mental impairment which has a substantial (i.e. more than just trivial or minor) and long term (i.e. which has lasted or is likely to last 12 months or more) adverse effect on a person's ability to carry out normal day-to-day activities.