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| **Application Form**  **For those wishing to be assessed against the**  **Higher Level Teaching Assistant Requirements** | WG_positive_40mm |
| **2018-19** (Round 17)  You should forward this form to your Consortium Office by **1pm** on **01/02/2019** | |
| **Please return your completed form to:-**  **(FAO Marian Williams)**  **GwE**  **Penrallt**  **Caernarfon**  **Gwynedd**  **LL55 1BN** | |

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| **Candidate Summary Sheet** | |
| Full Name |  |
| National Insurance Number |  |
| School Name \* |  |
| Address |  |
| Postcode |  |
| School Phone Number |  |
| Headteacher |  |
| School Email Address |  |
| Home Address |  |
| Postcode |  |
| Mobile phone no. |  |
| Email Address |  |
| Type of School \*\* |  |
| \* (This is the main school where you work if you work at more than one school.)  \*\* (Primary; Infants; Nursery; Secondary; 3-19; Special; Specialist provision in Mainstream School; Other educational setting) | |

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| 1. **REQUIRED QUALIFICATIONS** | | | | |
| * Requirement 11 of the HLTA requirements requires you to have a qualification at Level 2 of the National Qualifications Framework or Qualifications and Credit Framework (QCF within the broader Certificate and Qualification Framework Wales[ CQFW]in literacy in either English or Welsh (1st language) **and** numeracy. (see Welsh Government Circular 020/2011)   + Please list your literacy and numeracy qualifications that demonstrate that you meet this requirement – please read the Literacy and Numeracy Leaflet enclosed in your applicants’ pack before completing this section. | | | | |
|  | **Qualification** | | **Level/Grade** | **Date obtained** |
| Literacy |  | |  |  |
| Numeracy |  | |  |  |
| * **Please enclose a photocopy of your certificates that provide the evidence that you meet the literacy and numeracy requirements.** * **Your application will not be considered without these copies.** * **NB: Do NOT send the original certificates.** | | | | |
| **2. OTHER QUALIFICATIONS** | | | | |
| **Please list your academic and/or vocational qualifications,**  E.g. GCSE grade A- History, A-Level grade C - French, Diploma in Childcare and Education | | | | |
| **Qualification** | | **Level/Grade** | | **Date Obtained** |
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| **3. PROFESSIONAL DEVELOPMENT EXPERIENCES** | |
| Please give a brief description of any professional development/courses undertaken during the last five years, which has improved your practice in school. | |
| **4. YOUR ROLE** | |
| **4a What is your current job title?** |  |
| **4b When did you start your current post? (MM/YY)** |  |
| **4c Previous experience in supporting learning in the classroom ( please include dates)** |  |
| **5. CURRENT PRACTICE** | |
| **Describe the main elements of your current role in school:** | |
| **In approx. 150 words, describe how you work with an individual child, including planning and assessment** | |
| **In approx.150 words, describe how you work with a group of learners, including planning and assessment** | |
| **In approx.150 words, describe how you work with a whole class when the class teacher is not present ,including planning and assessment** | |

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| **6. Head teacher’s section**  Section 6 must be completed by the Head Teacher ***before*** the candidate signs their declaration in Section 7. | | |
| **Requirement 33** of the ‘Revised professional requirements for Higher Level Teaching Assistants (HLTAs) in Wales 2011’ states that those gaining HLTA status must be able to:  **‘Advance learning when working with whole classes without the presence of the assigned teacher.’**  **I confirm that the candidate meets this Requirement which includes contributing to the planning, delivery and any monitoring and assessing.**  **Yes**  **No**  In approx 100 words, please provide a detailed statement to endorse the candidate’s ability to meet this requirement. | | |
| **I agree to support the candidate , and will:** | | Please tick to confirm. |
| * Allow three days out of school for briefing | |  |
| * Provide preparation time during the assessment period | |  |
| * Allow the assessment to take place in school | |  |
| I consider that the candidate is suitable for assessment against the **HLTA requirements** (set out in Welsh Government Circular 020/2011) and confirm that they plan, deliver, monitor and assess the learning of the whole class without the presence of the teacher. | |  |
| **HEAD TEACHER’S DECLARATION** | | |
| **I have read the completed application form and confirm that to the best of my knowledge the information provided is accurate.** | | |
| Signed: | Date: | |
| Name (capitals please) |  | |

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| **7. CANDIDATE’S DECLARATION**  This section must be signed by the candidate after the application has been endorsed by the Head Teacher andthe application should then be returned to the Consortium Office at the address shown on the front of this form |
| * I would like to apply for assessment against the HLTA Requirements to be undertaken during the academic year 2018-19. |
| * **I have attached photocopies of my certificates.** I acknowledge that failure to do this could lead to my application not being considered. |
| * The information I have given on this form is accurate and correct to the best of my knowledge. |
| **Signed** |
| **Date** |
| The information you have given will form part of information held by the Welsh Government, LAs and the assessors.  All the information will be handled in accordance with data protection regulations and no one will be able to obtain information about you personally from any published statistics.  Under the Data Protection Act 2018, you have the right to a copy of the data held about you by the Welsh Government.  If you have any concerns about or objections to the use of data for these purposes, please contact the Data Protection Officer, Welsh Government, Cathays Park, CARDIFF CF10 3NQ, Email: [**DataProtectionOfficer@gov.wales**](mailto:DataProtectionOfficer@gov.wales) .  You can also consult the Welsh Government Privacy Notice at <https://gov.wales/about/welsh-government-privacy-notice/?lang=en> |

For official use only: A / W / P / PR /IE

**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 Bangladeshi Pakistani

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** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

ydd i ddydd arferol.