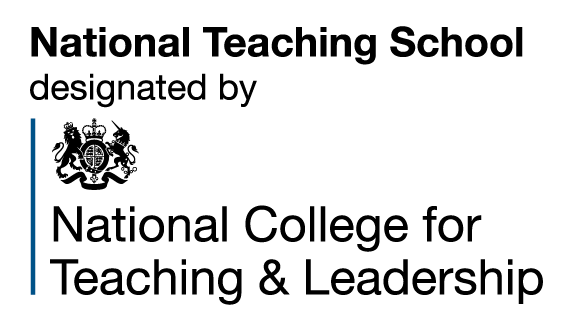
**Notification of Appointment of NQT**

**Registration of NQT with C2C Teaching Alliance (Appropriate Body)**



C2C Teaching Alliance

Newman House

83 Little Chell Lane,

Tunstall

ST6 6LZ

T: 01782 821995

E: ethomas@c2cteachingalliance.co.uk

W: https://c2cteachingalliance.co.uk

Following an appointment of an NQT please complete and return the form immediately. An NQT must be registered for induction before the induction period can commence. Please complete both sides of the form.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SCHOOL: | DfE NUMBER: | | NAME OF SCHOOL CONTACT & EMAIL ADDRESS: | | | | | | | | TELEPHONE NUMBER: | | | | |
| **NQT Details** | | | | | | | | | | |  | | | | |
| TITLE: (Mr/Mrs/Miss/Ms/Dr) | | | | |  | | | | | |  | | | | |
| FORENAME (S): | | | | |  | | | | | |  | | | | |
| SURNAME: | | | | |  | | | | | |  | | | | |
| DATE OF BIRTH: | | | | |  | | | | | |  | | | | |
| NATIONAL INSURANCE NUMBER: | | | | |  | | | | | |  | | | | |
| TEACHER REFERENCE NUMBER (DfE NUMBER) | | | | |  | | | | | |  | | | | |
| QTS Status checked on DfE employer access database (Please circle) | | | | | YES | | | | | |  | NO | | | |
| **NAME OF INITIAL TEACHER TRAINING PROVIDER:** | | | |  | | | | | | |  | | | | |
| **DATE OF OBTAINING QTS:**  (This information must be obtained from the  DfE employer access database.) | | | | **QUALIFICATION**  (Please tick and state title of course) | | | PGCE | | | |  |  | | | |
| BA with QTS | | | |  |  | | | |
| BEd | | | |  |  | | | |
| SDTP | | | |  |  | | | |
| OTHER | | | |  |  | | | |
| **QTS SKILLS PASSED:**  (Please ensure that you have seen proof of successful completion of the skills tests) | | | | Please tick for each one | | | | | | |  | | | | |
| ENGLISH | | |  | | | | MATHS | | | | |
| |  |  | | --- | --- | | NAME AND EMAIL OF SCHOOL INDUCTION TUTOR |  | | | | | | | | | | | | | | | | |  |  |  |
| START DATE (date post commenced or will commence) | | | | | |  | | | | | | | | |
| YEAR GROUP TAUGHT | | | | | |  | | | | | | | | |
| TERMS OF CONTRACT  (Please tick) | | PERMANENT | | | |  | | | | | | | | |
| TEMPORARY  (Please specify length of  contract) | | | | No OF TERMS IF TEMPORARY  (Please tick) | | | | | | | | |
| I TERM | | | 2 TERMS | | | | 3 TERMS | |
| FULL-TIME | | | |  | | | | | | | | |
| PART-TIME | | | | PROPORTION OF  CONTRACT PER  WEEK | | | |  | | | | |
| **Has the NQT completed any period(s) of induction elsewhere before commencing employment with your school? (Please tick and state how many terms)** (If yes please forward copies of previous assessment forms to us) | | | | | | YES | |  | | NO | | | |  |
| If YES, where?    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| I can confirm that the school is able to provide the statutory support as set out in the DfE regulations effective from September 2014 (statutory guidance updated April 2018)    Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |

Please return the completed form immediately following the appointment of the NQT to:

ethomas@c2cteachingalliance.co.uk

or post to Administrative Officer, C2C Teaching Alliance, Little Chell Lane, Tunstall ST6 6LZ

**Please note that we cannot process this form until we have all the relevant information.**