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| **Important note:** Applicants should complete all sections fully. |
| PGDip: Teaching Learners with a Visual Impairment (PGDip TLVI)**Application Form 2024-26** |

**Important note:** Applicants should complete all sections fully.

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| **1.Personal details** |
| **Title:** | **Surname:** |
| **First names:** | **Maiden name/previous name** *(if applicable)***:** |
| **Home Address:** | **Work address:** |
| **DfE ref. No./Teaching number** *(see note 1)*: |
| **Home telephone:** | **Mobile number:** |
| **E-mail addresses:**Home/personal:Work:  | **Country of birth:** |
| **Date of Birth:** |

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| **2. Education and training** |
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| **Secondary School(s)**  | **Dates** | Examinations passed in all subjects (with grades and dates) including GCSE and ‘A’ levels |
| From | To |
|  |  |  |  |
| **University and/or Colleges attended** | **Dates** | **Degree or****Certification obtained**(if Degree state Honours and Class) | **Subject**(s) | **Date of award** |
| From | To |
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| **Other Qualifications** |
| **Qualification** | **Awarding body** | **Subject**(s)(incl. Grades, if applicable) | **Date of course and award** |
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| 4. Employment details |
| **Present position held**: |
| **Name and address of school/employer:** | **Type:** |
| **No. on school roll** (if applicable): |
| **Education authority:** | **Date appointed:** |

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| **Previous Employment as a Qualified Teacher – most recent post first***(see note 2)* |

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| **Name and address****of school and name****of LEA, where applicable** | **Type of****School and****No. on roll** | **Position held****and scale of post –** **(full-time or part-time)** | **Dates****of****Employment** | **Reason****for****Leaving** |
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| 5. In-service courses attended during the last three years |
| **Date** | **Course title** | **Course Organiser** |
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| **6. Employment history other than teaching** |
| **Name and address of employer** | **Nature of employment**(state whether full-time or part-time) | **Scale of post**  | **Dates of employment** |
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| **7. Additional Information / Personal Statement** |
| Please give your reasons for making this application relating your qualifications, experience and personal attributes to the role of the QTVI. |

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| 8. Disclosure and Barring Service |
| This course will involve a teaching placement and residential weekends at St Vincents School and it is essential that you have a current enhanced DBS (see note 3). I have a current enhanced DBS **YES/NO** |

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| 9. Referees |
| **Please enter the name, address, email address, position and telephone number of 2 referees to support your application . Referees should be your present/most recent and previous employers, wherever possible** *(see note 4)***.** |
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| 10. Course fees |
| **Please enter details of your Funding Provider.****(**please complete with your name and address if self-funding) |
| **Name:****Address:****Telephone:****Email:** |
| **This section must be read and signed by your Funding Provider and your workplace Line Manager**  |
| * I/we confirm that course fees will be paid by the above funding provider
* I/we are aware of any additional cost to us for transport/teacher cover for residentials/visits to other VI education providers etc.
* I/we are aware of the course requirement that the applicant will be required to undertake a teaching placement (currently four weeks) within a workplace setting other than their own.
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| **On behalf of Funding Provider:****Name of Funding Provider:**I confirm that I have read and agree to the above **Signed:****Position:****Email:****Date:**  | **On behalf of applicants Line Manager:**I confirm that I have read and agree to the above **Role/Position:** **Signed:****Email:** **Date:**  |

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| 11. Declaration |
| You confirm that the information given on this form is true, complete and accurate and no information or other material information has been omitted. You accept that if this is the case, we shall have the right to cancel your application and you shall have no claim against us. Signed: Date: |
| Please return completed form to: Angela Simpson - St. Vincent’s School ‘A Specialist School for Sensory Impairment and Other Needs, Yew Tree Lane, West Derby, Liverpool L12 9HN or by email to A.Simpson1@ljmu.ac.uk or J.Locke@ljmu.ac.uk  |

Notes:

1. This number must be provided to ensure your registration on the course and your registration with the DfE as a QTVI upon successful completion of the course,.

It will usually start with a number that relates to the year that you qualified as a QTS

1. Please give details of teaching practice if your current teaching role is your first since qualifying.
2. You will be required to bring your DBS certificate/number with you on the enrolment day at the first residential in September, together with a form of photo ID (e.g. passport).
3. Please provide a current email address for your referee as this usually provides a quicker response time; let your referee know that you have applied for this course and that you have used them as a referee.
4. You will receive acknowledgement of your application, usually within 1 week of receipt within term time. If application is sent during school holidays acknowledgement may take a little longer.
5. Once your application has been processed, and is successful, you will receive an offer of a place conditional upon receipt of reference(s).
6. When reference(s) has/have been received you will receive a confirmed offer and be asked to confirm your acceptance of the offer.

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| **For research and marketing purposes please answer the following questions**(please note this is not part of the application process and will not influence your offer of a place on the course ) |
| Where did you hear/read about this course? e.g., recommendation/LJMU or St Vincents website/DfE website etc? |  |
| What influenced you to apply to this particular course provided by St Vincents and LJMU? |  |
| Is your employer giving you study time, during your working week, for this course?  |  |
| Have you previously applied for a course of this type?  |  |
| Do you anticipate requiring accommodation for the weekend residentials? |  |