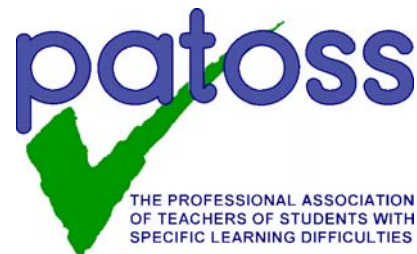


Teaching Practising Certificate



Application Form – NEW applications only

Please read the Teaching Practising Certificate Guidance and Minimum Requirements document before completing this form.

Personal Details (Please complete in block capitals)

Last name	
First name	
Address	
Postcode	
Please indicate your preferred contact telephone number by ticking <input checked="" type="checkbox"/>	<input type="checkbox"/> Tel: (home)
<input type="checkbox"/> Tel: (mobile)	<input type="checkbox"/> Tel: (work)
E-mail:	

Patoss Membership Details

Full or Associate membership of Patoss? Yes / No	Membership No:
Patoss Teaching Practising Certificates are only issued to Patoss members who hold current full or associate membership. Membership must be maintained throughout the 3-year validity period of the TPC. If you are not a member, or would like to upgrade your membership, please complete and enclose the appropriate membership documentation and payment with this application.	

Specialist SpLD Qualifications

Qualification title	Awarding Body or Institution	Date awarded

General Teaching or Other Relevant Qualifications

Qualification title	Awarding Body or Institution	Date awarded

Current Teaching Practice

Role / Job Title (s)	Employer (s) or Self-Employed	Date commenced

Sector (please circle all those that apply)	Key Stage 1 / KS 2 / KS 3 / KS 4 / KS 5 - A level / FE / HE / Adult Education / Adult Workplace
Brief description of current teaching role and responsibilities	
Current specialist teaching hours*	Per week in academic year _____ OR Per year _____
<p>* Specialist teaching includes 1:1 or small group teaching (rather than formal diagnostic assessment) with people with SpLD or professional training in the SpLD field but does not include mainstream teaching work. Please see TPC guidance for further information.</p> <p>* A minimum of 20 hours direct teaching is required in the 12 months prior to application.</p>	

Previous Teaching Experience and Employment

If you have been working in specialist SpLD teaching for an extended period please feel free to restrict this report, if you wish, to the 5 years of your employment history preceding your current role.

Role / Job Title with brief description of duties	Employer	Date From To

Please feel free to attach additional separate sheet if needed.

Testimonials

Please attach 2 testimonials to this application. One must be from an employer or professional colleague. The second can come from any source listed in the TPC guidance but should provide further qualitative evidence of your teaching practice. Please see **TPC Guidance** document for further information.

	Testimonial 1	Testimonial 2
Name		
Role		
Address		
Telephone no.		

Commitment to Continuing Professional Development

All TPC applicants are asked to agree to continue to undertake professional development activities to ensure they remain up-to-date with current theory and practice in the field. A minimum of 20 hours over a 3-year period is required. Further details of the requirements are given in the TPC Guidance document.

Commitment to Ethical Practice

All TPC applicants are asked to abide by the Patoss code of ethics. A copy is enclosed with your membership and is also available on our website.

Statement

- I have read and agree to abide by the Patoss code of ethics.
- I agree to work within current legislation and guidance relating to SpLD which is relevant to the particular phase/s of education in which I am involved.
- I agree to undertake appropriate continuing professional development activities and maintain a reflective professional log of these activities.
- The details given on this form are correct and complete.

Signature _____ **Date:** _____

Please complete payment information overleaf

Thank you for your application

Please contact our office on 01386 712 650 or e-mail patoss@sworcs.ac.uk if we can provide any further assistance.

Payment by cheque or credit/debit card

Please read the enclosed Schedule of Fees and select the one which applies. Please contact our office if we can advise on the fee payable.

I enclose a cheque for £ payable to Patoss Ltd

Please debit my MasterCard/Visa/Delta/Switch/Maestro/Other

Card no:

Start date: Expiry date: Switch Maestro Issue no:

This fee is to cover

TPC application only

TPC and APC application

Assessment Practising Certificate

If you would like to also apply for an Assessment Practising Certificate please complete the relevant form and attach required additional evidence.

NB Evidence submitted for the application is non-returnable. Applicants are advised to retain copies of all documents submitted.

Please send completed applications to:

**Patoss
PO Box 10
Evesham, Worcestershire
WR11 1ZW**

Please be sure to include:

- A signed copy of this completed application form
- 2 testimonials
- Fee

Please check if you also need to include:

- Patoss membership application including copies of relevant qualifications.

For office use only

OFFICE USE ONLY	APPLICATION RECD:	PAYMENT RECD:
Quals Evidence R'cd:	TPC VALID FROM: TO:	PAYMENT METHOD: CHEQUE CARD
ACTION	CERTIFICATE SENT:	CERTIFICATE NUMBER