



Skills for Learning Professionals

General Professional Recognition Learning and Skills (England)

GPRLS B4

Application Form

Please refer to the accompanying guidance document

Applicant Name:	
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IfL registration number:	
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Subject Specialism:	
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Please tick
✓

Full teacher role	
Associate teacher role	

April 2009

Introduction

Information about how to complete this application form is given in the accompanying Guidance for Applicants document. This includes obtaining your registration number from the Institute for Learning (IfL) as we will use this as your unique identifier number.

You should start by considering whether you meet the eligibility criteria. The criteria are set out on page 4 of the *Guidance for Applicants* document.

Once you have read the *Guidance for Applicants* document, you may wish to discuss with your line manager or your local Professional Development Centre whether GPRLS B4 is an appropriate route for you. Alternatively, you might like to contact the LLUK Information and Advice Service on 020 7936 5798 or email advice@lluk.org.

If you decide to make an application for Professional Recognition B4, please:

- follow all the instructions carefully
- fill in all the areas of the application form as clearly as possible
- make sure that you have enclosed all the required documents and information

Where possible, we would prefer to receive completed forms word-processed. You can request an electronic version from a member of the GPRLS team by emailing recognition@svuk.eu or by calling 0113 241 0435.

If you have any generic teaching qualification, please indicate the qualification you possess by completing the table on page 3. You may also wish to consult the Tariff of Initial Teacher Training Qualifications (Tariff) to check how far any legacy ITT qualifications meet the new qualification requirements. This can be accessed via the SVUK website, www.svuk.eu/2924.htm.

Data Protection Statement

Standards Verification UK wishes to alert the applicant that the information collected on this application will be held and processed for such purposes as statistical analysis. SVUK guarantees that such data will be handled collectively, with confidentiality, in anonymity and in compliance with our duties and obligations under the Data Protection Act. Details relating to successful applicants will be shared with the Institute for Learning (IfL).

Independent Evaluation

As part of Standards Verification UK's Quality Assurance policy, Independent Evaluators are commissioned on an annual basis to assess and appraise the services offered by SVUK.

If you would prefer not to be contacted by our Independent Evaluators, please tick (✓) the box below.

I do not consent to my details being passed on to SVUK's Independent Evaluators.

Applicant's Declaration

You may wish to supply your evidence in a format other than word-processed responses to the activities. For example, audio cassette or video submissions would be acceptable, provided you are mindful of the word limits specified for written responses. However, you should first contact SVUK to ensure that your preferred method of submission is acceptable.

Please place a ✓ next to the elements below to indicate that you have included everything we need. **Your application will be returned if it is not complete.** All applications and supporting documents should be submitted either in paper form or electronically, and you are advised to keep a copy for yourself.

Part 1

	All sections of this application form
	Evidence you began teaching in the FE incorporated sector prior to 1 September 2001 or in the learning and skills sector outside of FE colleges before 1 September 2007
	Evidence that you have been teaching in either the full or associate role in the 24 months prior to receipt of the application by SVUK
	Two signed references on headed paper. For electronic submission these should be scanned
	Two records of observations of your teaching in line with the specified criteria for observations
	Most recent job description(s)
	A full CV
	Authentication and Validation Statement (part of this form)

Part 2

	I declare that the responses to all the sections are my own work and that any material adapted from other sources has been correctly referenced
	I declare that I have experience in the teaching role for which I have applied for Recognition
	I declare that the information provided in this form is accurate to the best of my knowledge
	I agree to SVUK using the information contained within the documents for evaluation purposes (see the Data Protection Statement on the previous page)

I wish to apply for Professional Recognition via the GPRLS B4 route, and have completed and included all of the required documentation in support of my application

Name (BLOCK CAPITALS)

Signature

Date

IfL membership number	
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Personal Details

Title		
Surname		
Forename(s)		
Sex; M or F		
Nationality		
National Insurance Number		
Address		
Town		
County		
Postcode		
Contact Telephone Numbers	work	
	home	
	mobile	
E-mail address		

IfL membership number	
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Generic Teaching Qualifications

If you are already qualified, or if you began teaching in the FE incorporated sector prior to September 2001 or in the learning and skills sector outside of FE colleges before 1 September 2007, you may not be required to qualify further.

However, if you do not hold a teaching qualification at the level required for your role, and although **not required** to comply with the FE Teachers' Qualifications (England) Regulations 2007, your employer has requested that you gain QTLS/ATLS then you may wish to pursue the GPRLS B4 route to Recognition. By this pathway your prior qualifications, knowledge, skills and experience can count towards being recognised as meeting the new standards without you having to take the new qualifications.

Please list in the table below any generic teaching qualification that you have.
 E.g. Further Education Teachers Certificate (FETC) Stage 1 Level 4 (old NQF); Endorsed Stage 1 Awards from English Higher Education Institutions (HEIs).

Name of Qualification	Date obtained

IfL membership number	
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Present Employment Details

Job title	
Institution	
Years in post with current employer	

Please comment on your current role(s) if not reflected fully in your current job description(s). If you work for or are contracted for more than one institution, please provide us with details of each institution and your responsibilities.

Please provide details of the learners for whom you have been responsible in either the full teaching role or associate teaching role in the last two years prior to receipt of your application by SVUK. Please note if you intend to apply for QTLS or ATLS through IfL you must provide evidence that you have currency of practice in the full teaching role (QTLS or the associate teaching role (ATLS)).

Subject specialism	Context (e.g. College/prison)	From / To (E.g. Jan 06 to Jan 07)	Hours per week	Level of learners (e.g. L1/L2)	Please indicate full or associate role (F/A)

Qualifications

Please include significant and relevant accredited qualifications that have also been authenticated by your referee. Please list the most recent first.

Title and level (HE, Post-graduate or NQF)	
Validating/accrediting body and institution (e.g. University of Oxbridge/ Newton College)	
Length of course PT/FT (e.g. 10 weeks FT)	
Teaching Practice Assessed hours if part of the qualification (e.g. 8)	
Date obtained (e.g. DD/MM/YY)	

Title and level (HE, Post-graduate or NQF)	
Validating/accrediting body and institution (e.g. University of Oxbridge/ Newton College)	
Length of course PT/FT (e.g. 10 weeks FT)	
Teaching Practice Assessed hours if part of the qualification (e.g. 8)	
Date obtained (e.g. DD/MM/YY)	

Title and level (HE, Post-graduate or NQF)	
Validating/accrediting body and institution (e.g. University of Oxbridge/ Newton College)	
Length of course PT/FT (e.g. 10 weeks FT)	
Teaching Practice Assessed hours if part of the qualification (e.g. 8)	
Date obtained (e.g. DD/MM/YY)	

IfL membership number	
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Professional Experience (Most recent first)

From/to	Organisation and address	Position	Hours per week	Role and responsibilities

IfL membership number	
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Continuing Professional Development in Teaching and Learning

Please only include any relevant CPD undertaken within the last 5 years. Please list the most recent first.

(a) **Subject based**

Date	Description or Event Title	Duration	Location	Award and Awarding Institution (if accredited)

(b) **Generic**

Date	Description or Event Title	Duration	Location	Award and Awarding Institution (if accredited)

IfL membership number	
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Other relevant career information

Please use this space to include any other information relevant to your career history that you consider to be important to your application.

Domain Areas A and B

A: Professional Values (Overarching Professional Standards Domain A)

This section is judged solely on the contents of the references – There is no activity for the applicant to complete

Please read the *Guidance for Applicants* and *Guidance for Referees* documents carefully and ensure that your referees have given clear indications and examples of your professional contribution.

B: Learning and Teaching (Overarching Professional Standards Domain B)

This section is judged solely on the contents of the references – There is no activity for the applicant to complete

Please read the *Guidance for Applicants* and *Guidance for Referees* documents and ensure that your referees have given clear indications and examples of your professional practice.

IfL membership number	
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Domain Areas C and D

C: Specialist Learning and Teaching (Overarching professional standards Domain C)

D: Planning for Learning (Overarching professional standards Domain D)

Please refer to the *Guidance for Applicants* document to ensure that you have covered all the requirements for this activity.

Reflective Activity

Word count: up to 250

Word count: _____

Domain Areas E and F

E: Assessment for Learning (Overarching professional standards Domain E)

F: Access and Progression (Overarching professional standards Domain F)

Please refer to the Guidance for Applicants to ensure that you have covered all the requirements for these activities. You should complete the activities relating to the role for which you are applying for Recognition.

Activity 1: Full Teaching Role

Word count: a) up to 300
b) up to 250

a) Word count _____ b) Word count _____

Activity 1: Associate Teaching Role

Word count: a) up to 300
b) up to 250

a) Word count _____ b) Word count _____

IfL membership number	
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Activity 2: Full and Associate Teaching Role

Word count: up to 550

Word count: _____

Please use the space below to include any other information, which you consider relevant to your application (e.g. research, regular/recent professional reading and reflection, exhibitions, lectures, conferences or publications).

IfL membership number	
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Observations

Please use the areas below to record the details of the person/persons who completed the observations of your teaching as provided as evidence in Task C/D of this application document

NB Where possible, an observer should not be a family member.

Observation 1 Details

To be filled out by the applicant

Forenames	
Surname	
Date of observation	
IfL registration number	
Job title of observer	
What is the observer's relationship to the applicant?	
Were both observation reports completed by the same observer?	
Is the observer also one of the referees for this application?	

Observation 2 Details

To be filled out by the applicant

Forenames	
Surname	
Date of observation	
IfL registration number	
Job title of observer	
What is the observer's relationship to the applicant?	
Were both observation reports completed by the same observer?	
Is the observer also one of the referees for this application?	

IfL membership number	
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Referees

The accompanying *Guidance to Applicants* document provides further advice on choosing the most appropriate referees. You may wish to discuss your selection with your line manager, local Professional Development Centre or the LLUK Information and Advice Service on, 020 7936 5798.

An additional document, *Guidance for Referees*, has been provided in the pack to help both you and your referees.

Please ensure that your chosen referees each have a copy of the *Guidance for Referees* document prior to starting work on writing your reference.

First Referee Form – Subject Specialist

To be filled out by the referee and returned to the applicant

Title		
Surname		
Forenames		
Address		
Town		
County		
Postcode		
Contact telephone numbers	work	
	home	
	mobile	
Email address		
Job title		
IfL registration number		
Place of work		
What is your relationship with the applicant?		

IfL membership number	
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Why do you feel able to comment on the applicant's professional practice?	
If you are the authenticating referee, what experience or expertise do you have in quality assurance?	

Signature: _____

Date: _____

Independent Evaluation

As part of Standards Verification UK's Quality Assurance policy, Independent Evaluators are commissioned on an annual basis to assess and appraise the services offered by SVUK.

If you would prefer not to be contacted by our Independent Evaluators, please tick (✓) the box below.

I do not consent to my details being passed on to SVUK's Independent Evaluators.

Second Referee Form

To be filled out by the referee and returned to the applicant

Title		
Surname		
Forenames		
Address		
Town		
County		
Postcode		
Contact telephone numbers	work	
	home	
	mobile	
Email address		
Job title		
IfL registration number		
Place of work		
What is your relationship with the applicant?		

IfL membership number	
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Why do you feel able to comment on the applicant's professional practice?	
If you are the authenticating referee, what experience or expertise do you have in quality assurance?	

Signature: _____

Date: _____

Independent Evaluation

As part of Standards Verification UK's Quality Assurance policy, Independent Evaluators are commissioned on an annual basis to assess and appraise the services offered by SVUK.

If you would prefer not to be contacted by our Independent Evaluators, please tick (✓) the box below.

I do not consent to my details being passed on to SVUK's Independent Evaluators.

Other evidence presented by the applicant: please list

You **must** include the following:

either

- evidence of teaching in the FE incorporated sector prior to 1 September 2001

or

- evidence of teaching in the lifelong learning and skills sector prior to 1 September 2007 outside of FE Colleges

and

- evidence of currency of practice within the last 24 months prior to the receipt of the application by SVUK
- observation reports in line with the criteria specified for observations

Additional relevant evidence may includes, for example, learner achievement data, CPD record, SAR

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IfL membership number	
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Authenticating Referee

Please complete the following Declaration

please mark
✓

I declare that I understand the role the supporting documentation and evidence is intended to fulfil in support of the applicant's case for Professional Recognition.	
I declare that, to the best of my knowledge, the supporting documentation and evidence seen is appropriate, substantiates and supports the applicant's claim for Recognition in the role in which they have applied, and is authentic.	
I acknowledge that SVUK may request to see the original evidence I have listed throughout this application as part of their commitment to quality assurance.	

Signature of referee: _____

Printed name: _____

Date: _____

Completed Applications

Please post your completed application to:

GPRLS – B4
Standards Verification UK
4th Floor
36 Park Row
Leeds
LS1 5JL

Or send electronically to: recognition@svuk.eu.