



Skills for Learning Professionals

General Professional Recognition Learning and Skills (England)

GPRLS Skills for Life

Application Form

Please refer to the accompanying guidance document

Applicant Name:	
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IfL Registration Number	
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Please tick which boxes apply to you:

Applying for recognition in:	Generic teaching	<input checked="" type="checkbox"/>
	English (ESOL) specialist teaching	<input type="checkbox"/>
	English (Literacy) specialist teaching	<input type="checkbox"/>
	Mathematics (Numeracy) specialist teaching	<input type="checkbox"/>

Standards Verification UK is a wholly owned subsidiary of Lifelong Learning UK and is responsible for the administration of the General Professional Recognition Learning and Skills (England) scheme.

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General Professional Recognition Learning and Skills (England) – Skills for Life Teachers

Introduction

Information about how to complete this application form is given in the accompanying guidance document. This includes obtaining your registration number from the Institute for Learning 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 and in Appendix 2 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 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, please

1. follow all the instructions carefully,
2. fill in all the areas of the application form as clearly as possible and
3. 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 already have a generic teaching qualification, please indicate the qualification you possess by completing the table on page 3. If your qualification does not correspond to these titles, please contact the LLUK National Reference Point before proceeding with your application. You may also wish to consult the Tariff Database of teacher training qualifications to check how far any legacy ITT qualifications meet the new qualification requirements. This can be accessed via the SVUK website, <http://tariff.svuk.eu/>

Applicant's Declaration

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 either be submitted in paper form or electronically, and you are advised to keep a copy for yourself.

Part 1

	All sections of this application form
	Two signed references on headed paper. For electronic submission these should be scanned
	Authentication and Validation Statement (part of the form)
	Most recent job description(s)

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 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 following page).

I wish to apply for Professional Recognition through the General Professional Recognition Process, and have completed or included all of the required documentation in support of my application

Name (BLOCK CAPITALS):.....

Signature:

Date:

Please post your completed application to:

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

Or send electronically to: recognition@svuk.eu

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DATA PROTECTION STATEMENT

Standards Verification UK wishes to alert the applicant to the fact 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 Standards Verification UK. 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 Standards Verification UK's independent evaluators

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Personal Details

Title	
Surname	
Forename(s)	
Name as you would like it to appear on official documents, if different from above	
Sex; M or F	
Nationality	
National Insurance number	
Address	
Town	
County	
Postcode	
Contact telephone numbers:	
work	
home	
mobile	
E-mail address	

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Please indicate here any generic teaching qualification that you have

	✓	Date Obtained
Certificate in Education (FE, PCET or similar)		
PGCE (FE, PCET or similar)		
Stage 3, Level 4 (old NQF) FE Teaching Qualification		
School Qualified Teacher Status		
DTTLS (Diploma to Teach in the Lifelong Learning Sector)		

If you have not ticked any of the above boxes, then you should consider whether you need also to apply for Generic Recognition.

Present Employment Details

Job title	
Institution	
Years in post with current employer	

If you work for or are contracted to more than one institution, please use the space below to provide us with the details of each institution and your responsibilities:

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Please provide details of the Skills for Life learners for whom you have been responsible in the Full teacher role in the previous 24 months

Skills for Life specialism (ESOL/Lit/Num)	Context (e.g. College/prison)	From/to (e.g. Sept 06-Dec 06)	Hours per week	Level of learners (e.g. L1/L2)

Qualifications

Please include only significant and relevant qualifications which can be authenticated by your referee. Please list the most recent first.

Title and level (HE or NQF) (e.g. Certificate for Adult Literacy Subject Specialists)	
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. June 2001)	

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Title and level (HE or NQF) (e.g. Certificate for Adult Literacy Subject Specialists)	
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. June 2001)	

Title and level (HE or NQF) (e.g. Certificate for Adult Literacy Subject Specialists)	
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. June 2001)	

Title and level (HE or NQF) (e.g. Certificate for Adult Literacy Subject Specialists)	
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. June 2001)	

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Other information relevant to your career history as a Skills for Life teacher

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Present position

Please comment on your current role(s) in relation to Skills for Life learners if not reflected fully in your job description(s)

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**Other relevant information to Skills for Life practice/generic teaching
(eg. research, publications or voluntary work in the field)**

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Continuing professional development in teaching and learning. Please list relevant CPD from within the last 5 years, most recent first

(a) Subject based

Date	CPD (e.g. course, event, conference)	Duration	Location	Award and Awarding Institution (if accredited)

(b) Generic

Date	CPD (e.g. course, event, conference)	Duration	Location	Award and Awarding Institution (if accredited)

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Further evidence (including regular/recent professional reading and reflection)

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A: Professional Values (Overarching Professional Standards Domain A)

This section is judged solely on the contents of the references

Please read the guidance carefully and ensure that your referee has 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

Please read the guidance carefully and ensure that your referee has given clear indications and examples of your professional practice.

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C: Specialist learning and teaching (Overarching professional Standards Domain C)

Task 1 Total word count **should not** exceed 500; anything beyond 550 words will be ignored.

Total Word Count: 500

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Task 2 Total word count **should not** exceed 500; anything beyond 550 words will be ignored

Total Word Count: 500

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

Total word count **should not** exceed 750; anything beyond 825 words will be ignored

Total Word Count: 750

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**E: Assessment for Learning (Overarching Professional Standards
Domain E)**

Total word count **should not** exceed 600; anything beyond 660 words will be ignored

Total word count: 600

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**F: Access and Progression (Overarching Professional Standards
Domain F)**

Total word count **should not** exceed 500; anything beyond 550 words will be ignored

Total word count: 500

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Please use this space to include any other information which you consider to be relevant to your application

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Referees

The accompanying guidance notes provide 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 guidance 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 notes.

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Subject Specialist Referee Form

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

Title	
Surname	
Forenames	
Address	
Town	
County	
Postcode	
Contact telephone numbers:	
work	
mobile	
fax	
e-mail address	
Job title	
Qualifications	
Place of work	
What is your professional relationship with the applicant?	

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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

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I do **not** consent to my details being passed on to Standards Verification UK's independent evaluators

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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	
mobile	
fax	
e-mail address	
Job title	
Qualifications	
Place of work	
What is your professional relationship with the applicant?	

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

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 Standards Verification UK. If you would prefer not to be contacted by our independent evaluators please tick (✓) the box below.

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Other evidence presented by the applicant: please list (For example, learner achievement data, CPD record, observation reports, SAR)

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Authenticating Referee – please complete the following Declaration

(please mark ✓ in each box)

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, 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: