**National Award for Special Educational Needs Coordination**

**Supplement Application – 2019/20**

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| 1. **Accreditation route**
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|  **Please note:** If you would like to be taught in your local area, please tick one box in the local  route Section B   |
|  **A – Campus route**[ ]  Brooks day group (Week day study – 10 days) |

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| 1. **Cont… Accreditation route**
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|  **B – local area route** We have taught sessions in the following local areas (Weekday study – 10 days)[ ]  Blackburn [ ]  Blackpool [ ]  Bolton[ ]  Bury[ ]  Cheshire[ ]  Manchester[ ]  Oldham[ ]  Tameside[ ]  Trafford[ ]  Salford[ ]  Stockport[ ]  Stoke-on-Trent[ ]  Wirral **Please note:** Viability will be determined by the size of the cohort |

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| 1. **Employment**
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| School: | Local Authority: |
| Address: |
| Postcode: |  |
| **Type of school:** [ ]  Primary [ ]  Secondary [ ]  Early Years [ ]  Special [ ]  PRU [ ]  Secure Unit [ ]  Other(please state) |
| **Role in school:** [ ]  SENCo [ ]  Aspirant SENCo [ ]  Assistant Head teacher [ ]  Deputy Head teacher [ ]  Head teacher [ ]  Other (please state) |
| Senior Manager/ Leader: Yes No |
| Number of years teaching experience: |
| Name of Head teacher: |

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| **3. Head teacher reference** |  |
| Applicants name: | Course applied for: |
| Head teacher email address: | Head teacher phone number: |
| Statement by referee: |
| Signature: ………………………………….. | Date: ……………….. |

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| 1. **Fees**
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|  [ ]  A –Self funding[ ]  B – School funding (Sponsorship letter required)I agree to support …………………………………………….. application for the National Award for Special Educational Needs Co-ordination by paying the fees for the Programme for 2018/19, total fees £2168.00.Print Head teacher name………………………………………………Signature of Head teacher…………………………………………….Date………………………………..**Please note:** If your school is supporting you financially, please can you also email a sponsorship letter on school letter headed paper using the text above to the Tuition Fee Enquiry & Admissions team (email addresses can be found in section 6 in the Supplement application checklist). |

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| 1. **Head teacher signature of support for studies**
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| I fully endorse this application and will ensure the named person will be given the support required to meet all the programme’s Learning Outcomes and Assessment Requirements. | Signature of head teacher: ……………………………………..Date: ……………………. |

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| 1. **Applicant Checklist**
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| Please check that you have included **ALL** the following in your application.Your application **WILL NOT** be processed if all sections are not completed. |
|  **Main application - checklist** |  **Supplement application – checklist** |
| [ ]  **Teacher Reference number** (section 1 – main application) | [ ]  **Teaching Group preference** (section 1 – supplement application) |
| [ ]  **Attach copies of your qualifications** (section 5 – main application) | [ ]  **Current school details** (section 2 – supplement application)  |
| [ ]  **Teaching history** (section 7 – main application)  | [ ]  **Head teacher reference** (section 3 – supplement application) |
|  [ ]  **Personal statement** (section 8 – main application) | [ ]  **Sponsorship letter** (school letter headed paper) for Head teacher’s financial support.**Please note:** the letter must be emailed separately to tuitionfeeenq@mmu.ac.uk and CC in direct@mmu.ac.uk when you submit your application. (section 4 – supplement application) |
| [ ]  **Signed declaration** (section 10 – main application) | [ ]  **Head teacher signature of support for** **studies**  (section 5 – supplement application) |