**The Con Powell Memorial Scholarship**

**APPLICATION FORM**

Complete the application form and email to [cpschol@batod.org.uk](mailto:cpschol@batod.org.uk) **by 30th April 2020.**

Applications will be considered by BATOD.

You will be given a decision by the middle of June 2020.

**Please ensure that your application includes the following information:**

* Evidence of QTS – applications will also be considered by teachers in the Post 16 sector although priority will be given to applicants applying who already hold QTS/QTLS.
* Details of current course provider or where you have secured a place.
* Information about your current employment.
* A personal statement highlighting why you wish to undertake this mandatory Teacher of the Deaf training.
* Proof that your local authority or school is not obliged to fund your training and you have tried to obtain funding elsewhere.
* The cost of the tuition fees which you are claiming.
* Two referees.

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| **Personal details** | | | | | | | | | | | |
| **Name:** | |  | | | | | | | | | |
| **Address:** | |  | | | | | | | | | |
| **Phone numbers:** | |  | | | | | | | | | |
| **Email:** | |  | | | | | | | | | |
| **Tick preferred contact:** | | | | | | | | | | | |
| **Letter** |  | | | **Email** |  | | **Phone** |  | | **Text** |  |
| **Criteria** | | | | | | | | | | | |
| **DfE number:** | | |  | | | **Confirmation of QTS or QTLS:** | | |  | | |
| **Right to work and study in the UK:** | | |  | | | **BATOD Registration email address:** | | |  | | |
| **Details of current course provider or where you have secured a place:** | | | | | |  | | | | | |
| **Proof that your LA or school is not obliged to fund your training:** | | | | | |  | | | | | |
| **Evidence you have tried to obtain funding from elsewhere:** | | | | | |  | | | | | |
| **Information about your current employment, including job title and main responsibilities:** | | | | | | | | | | | |
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| **A personal statement highlighting why you wish to undertake this mandatory training:** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Cost of tuition fees which you are claiming:** | | | **Year 1:** | | | **Year 2:** | | | **Both:** | | |
|  | | |  | | |  | | |

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| --- | --- | --- | --- |
| **Referees:** | | | |
| **Referee 1** | | **Referee 2** | |
| **Name:** |  | **Name:** |  |
| **Address:** |  | **Address:** |  |
| **Contact number:** |  | **Contact number:** |  |
| **Email:** |  | **Email:** |  |