**The Con Powell Memorial Scholarship**

**APPLICATION FORM**

Complete the application form and email to [cpschol@batod.org.uk](mailto:cpschol@batod.org.uk) **by 16th April 2021.**

Applications will be considered by BATOD.

Interviews will take place in the week beginning 24th May 2021.

You will be given a decision by the middle of June 2021.

**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 course provider where you have secured a place including the name and number of the course.
* Information about your current employment.
* A personal statement highlighting why you wish to undertake this mandatory Teacher of the Deaf training and including your understanding of the commitment required to complete the course.
* 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personal details** | | | | |
| **Name:** |  | | | |
| **Address:** |  | | | |
| **Phone numbers:** |  | | | |
| **Email:** |  | | | |
| **Criteria** | | | | |
| **DfE number:** | |  | **Confirmation of QTS or QTLS:** |  |
| **Right to work and study in the UK:** | |  | **BATOD Registration email address:** |  |
| **Details of course provider where you have secured a place including the name and number of the course:** | | |  | |
| **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:** | | | | |
|  | | | | |
| **A personal statement highlighting why you wish to undertake this mandatory training including your understanding of the commitment required to complete the course:** | | | | |
|  | | | | |
| **Cost of tuition fees which you are claiming:** | | **Year 1:** | **Year 2:** | **Both:** |
|  |  |  |

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