**The Con Powell Memorial Scholarship**

**APPLICATION FORM**

Complete the application form and email to [cpschol@batod.org.uk](mailto:cpschol@batod.org.uk) **by 31st March 2018.**

Applications will be considered by BATOD.

You will be given a decision by the end of May.

**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
* 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 for which you are claiming
* Two referees

**Personal details**

**Your name and title:**

**Address:**

**Preferred contact numbers:**

**Email:**

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| --- | --- |
| **Criteria** | **Evidence** |
| **Evidence of QTS or qualified**  **Teacher status FE**  **DfE Number** |  |
| **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 training** |  |
| **Proof that your local authority or school is not obliged to fund your training** |  |
| **Evidence you have tried to obtain funding elsewhere** |  |
| **The cost of the tuition fees which**  **you are claiming** |  |
| **BATOD Membership Number** |  |
| **Names, addresses and**  **contact numbers of two**  **referees** |  |