

# Return to Teaching Application Form

RTT Ref No:

(Obtainable from TDA. Visit [www.tda.gov.uk](http://www.tda.gov.uk) or Tel: 0845 60009931). You must register with the TDA prior to joining the course.

Primary:    yes / no    Preferred age range:

Secondary: yes / no    Subject:

Preferred Venue :

Preferred Course dates:

## Section 1 – Personal details

Title: Mr/Mrs/Ms/Miss/Dr/other	Surname	Previous surname/s
Forename/s:		
Date of Birth:		
Address:		
Home Tel:	Mobile:	email:
DfES Ref. No.:		Date QTS obtained:
Are you registered disabled?	Yes / No	If yes please give number:

## Section 2 – Education

University / College name	Dates attended	Qualification	Subject & age range qualified to teach

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## Section 3 – Details of previous teaching experience

Name & address of schools	Full time / Part time	From	Until

Continue on separate sheet if necessary

## Section 4 – Details of previous work or relevant experience

Address & type of employment or experience	Full time / Part time	From	Until

Continue on separate sheet if necessary

## Section 5 – Supporting statement

Please write, in no more than 300 words, why you wish to take part in a Returning to Teaching course. Include what you expect to gain from the course, when you intend returning to teaching and what difficulties / changes you anticipate. Please complete this statement on the attached sheet. **DO NOT SEND A CV.**

## Section 6 – Criminal Convictions

As you will be working with children you are exempt from the 1974 Rehabilitation of Offenders Act. We must know of **ANY criminal convictions you have (other than motoring offences)**. Please give dates and details, or state **NONE** if you have no convictions. An Enhanced Disclosure will be applied for from the Criminal Records Bureau. (If you already have an Enhanced Disclosure or a Police Clearance Certificate obtained in the last 6 months, please supply a copy as this will be acceptable.)

Give details or state NONE here:

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## Section 7 – Declaration

I hereby certify that all the information given on this form is correct to the best of my knowledge, that all questions relating to me have been accurately and fully answered and that I am in possession of all the certificates and qualifications, which I claim to hold.

Signed:

Date:

**Please note: TDA requires a minimum of 15 participants for each course**  
When you have completed this form please return it WITH THE COURSE DEPOSIT OF £80.00 TO:  
COLLETTE COPE , LITERACY MATTERS LTD, 7 BUXTON ROAD WEST, DISLEY, STOCKPORT, CHESHIRE,  
SK12 2AETel: 0844 277 9569 Fax: 0844 277 9568 email: collette@literacymatters.com

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Supporting Statement

Name:

Signed:

Date: