

Initial Teacher Training Form ITT 01

Statement of medical history for assessment of Teacher Training students

SECTION A and C To be completed by prospective teacher trainees.

SECTION B To be completed by our university medical adviser.

This form on completion should be posted to:

Dr R D Hollands
Medical Officer for University of Gloucestershire
Underwood Surgery
139 St Georges Road
Cheltenham GL50 3EQ

IN CONFIDENCE

Section A This section must be completed in full by candidate.

UCAS ID No: Date of Birth: Title (Mr/Mrs/Miss/Rev/others):

Surname: Other Names (in full):

Private Address:

..... Post Code:

Tel No (Home): (Work): (Mobile):

Present Occupation:

Section B For University of Gloucestershire medical adviser's use only.

Applicant fit for course.

Applicant not fit for course.

Signature: Date:

The University of Gloucestershire seeks to offer a place irrespective of physical or mental disabilities wherever possible, as long as they do not compromise your health, your education, your safety, or the health, safety, and welfare of pupils or trainees likely to be in your care.

The answers to any questions will not be used against you in any course decisions that will be made, either now, or in the future. A decision not to accept you on health grounds will only be taken after very careful consideration of all the facts and will be based upon individual circumstances and the demands of your teaching career.

Candidates who are refused acceptance onto the course on health grounds have a right to a second opinion from a suitably qualified independent medical examiner.

The information contained on this form will be kept strictly confidential within the Underwood Surgery and will not be used or disclosed to any other persons without the consent of the person to whom the information relates.

Candidates should be aware that if their initial medical questionnaire is not returned by 26 July it may not be possible to complete a medical assessment before the beginning of the university year, which will impact on enrolment and access to student finance and resources.

Candidates seeking to appeal against a decision by the medical officer not to allow them to start the course must commence the appeal within five working days or it may not be possible to seek a second opinion before the beginning of the university year.

PLEASE TURN OVER PAGE FOR SECTION C AND WRITE YOUR NAME AT THE TOP OF THE PAGE.

Initial Teacher Training Form ITT 01 (continued)

Name of applicant:

Section C This section must be completed in full by candidate.				
		Yes	No	Details
1	Do you have a physical or mental health condition, which substantially affects your ability to carry out normal day-to-day work activities?			
2	Are you receiving any medical treatment or have you received any within the last 12 months?			
3	Are you awaiting any operations, treatment or investigations?			
4	Have you had joint or back problems for which you have sought medical help?			
5	Have you received any pension or compensation for work related illness?			
6	Do you have any problems with walking, sitting, standing or climbing stairs?			
7	Do you have any problems with bending, kneeling, lifting, carrying or other manual tasks?			
8	Do you have any problems with speech, vision, dyslexia, hearing or communication?			
9	Do you have any bladder or bowel problems, which may require you to have immediate access to toilet facilities?			
10	Have you been away from work or absent from studies/school because of illness in the last 2 years? If so, why and for how long?			
11	Have you ever had to change job because of a health problem?			
12	Do you have any health problem, which affects your work or leisure pursuits?			
13	Do you need or would it assist you to have any special provision made to enable you to fulfil your training and subsequent employment as a teacher.			
14	Have you had mental ill health, nervous breakdown, anxiety, depression, or psychiatric problems for which you have sought medical help?			
15	Have you had fits, fainting attacks, blackouts or epilepsy?			

Declaration

- I certify the above information to the best of my knowledge to be true and complete.
- I understand that failure to disclose medical information now may lead to disciplinary action or dismissal in the future if I am accepted.
- I consent to the medical officer informing the university in the event of non-disclosure.
- I understand that I am responsible for the expenses of any medical examination or report, which may be required.

Signature: Date:

Initial Teacher Training Form ITT 02

Initial Teacher Education Suitability Declaration

This form should be completed to enable us to consider your suitability to be a provisionally registered teacher. Any false declaration will be considered and may lead to the removal of your eligibility to register.

Students coming for interview should hand the completed form in to the registration desk alongside copies of your qualifications. Students who have been offered a place should upload the form to their Student Portal.

Please keep a copy of the completed form for your own records.

Title*:
Surname*:
Forename*:
Date of Birth*:
National Insurance No.*:

**Mandatory*

Please answer all questions

Please tick either the YES or NO box. For every YES answer please complete the box overleaf with a detailed legible account of the circumstances that include the sanction, date, reason and full identification of the authority, police force or court concerned.

- | | | | |
|---|--|------------------------------|-----------------------------|
| 1 | Have you ever been the subject of a bar, partial bar, warning or other action by the Secretary of State or the Independent Safeguarding Authority in relation to working with children? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2 | Do you have any cautions, convictions, reprimands or final warnings which would not be filtered in line with current guidance? The DBS filtering guidance is available on the DBS website at www.gov.uk/government/publications/dbs-filtering-guidance | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3 | Have you ever been subject to any disciplinary sanction by any other professional or regulatory body in this country or abroad or are you currently the subject of investigation by such a body? You need not include GTC England sanctions. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4 | Is there a current employment disciplinary finding against you and/or are you currently the subject of an employer's disciplinary investigation? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5 | Is there any other information the University of Gloucestershire should know about which may have a bearing upon your suitability to register? (Note: as a registered teacher you will be responsible for upholding and promoting the standards of the profession as set out in the Code of Conduct and Practice for Registered Teachers. Relevant information would include any involvement in activities which could bring the reputation of the profession into disrepute). | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Circumstances for YES replies to questions 1 – 5 overleaf.

Initial Teacher Training Form ITT 02 (continued)

For each **YES** answer please provide a detailed, legible account of the circumstances that includes the sanction, date, reason and full identification of the authority, police force or court concerned. If you need more space, please attach and sign an additional sheet.

Question 1

Question 2

Question 3

Question 4

Question 5

Declaration

I agree to provisional registration by the University of Gloucestershire on commencement of my course of initial teacher training.

I declare that

- All of the information I have provided on this form is complete and correct to the best of my knowledge and belief.
- I understand that the University of Gloucestershire can refuse to register me if I have given false information or have withheld relevant details.
- I understand that the University of Gloucestershire may contact me about the information in my application and seek further information from any relevant authority, police force or court.
- I understand that allegations of misconduct against me that could call into question my registration will be investigated.
- I agree to tell the University of Gloucestershire as soon as reasonably practical about any changes to my personal details.
- I understand that if I fail to tell the University of Gloucestershire about any changes to the information in my application, University of Gloucestershire may consider this to be misconduct.
- I understand that, as a registered teacher, I am required to comply with the Code of Conduct and Practice for Registered Teachers.
- I understand that, as a registered teacher, I will be responsible for upholding and promoting the high standards of the teaching profession.

Name:

Signature: Date:

Please upload this completed form to your online Student Portal

Initial Teacher Training Form ITT 03

Primary applicants only pre-course primary School Experience report

This form should be discussed with the class teacher and/or senior staff at the START of the School Experience.

PLEASE NOTE: all of the requested information is required. If you need to add additional information, please enclose a separate sheet.

Name of Applicant:	Application for FS/KS1? (Please tick)	Application for KS1/KS2? (Please tick)
UCAS ID Number:		

Name of School:
Address:
.....
Post Code: Tel:

Exact dates of School Experience: from / / to / /
How many full days have you spent in this school?
Please state the age range of pupils that you have worked with in this school:
If you have additional experience planned, please include dates:
.....

Notes for applicants:

- Applicants should negotiate with the school to undertake all of the required tasks.
- Applicants should complete sections A and B as fully as possible.
- Section C should be completed by your school mentor.
- Applicants should record experience undertaken in more than one school by completing multiple copies of this SER form.
- When completed, this form should be uploaded to your Student Portal by FRIDAY 26 JULY 2019. If that is not possible, the form should be emailed to teachertraining@glos.ac.uk

Candidate's current email address (in case of queries please):
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Initial Teacher Training Form ITT 03 (continued)

Please note that we would like you to focus on the action points you identify below over the course of the summer. This will be a positive way in which you can begin to prepare for potential entry to the course. All action points should be succinct and manageable and related to your needs as an aspiring teacher.

English

Task A: arrange to observe the teaching of phonics and early reading. Record any questions/comments for discussion with the class teacher. Please evaluate your experience in the space below and identify a related action point focusing on the development of your own knowledge and skills.

Task B: please plan to read or tell a story to the whole class. Evaluate the story session in the space below. Think about what you did to develop the children's comprehension skills. Discuss with the class teacher how stories can be used in the teaching of comprehension and then identify a related action point for your own development.

Mathematics

Task C: please assist a group with a maths activity. What were the intended learning outcomes? What was your role? How did the children respond to the activity? Think about how you can encourage positive attitudes towards maths and identify a related action point for yourself.

Initial Teacher Training Form ITT 03 (continued)

Behaviour management

Task D: locate and read the school's behaviour management policy. Please discuss with the class teacher how this was developed and how it is used to support appropriate behaviour for learning.

Individual needs

Task E: in collaboration with the class teacher, please identify one child and discuss their individual needs (which may or may not include SEND). Observe how the teacher caters for the needs of this throughout the day and make notes about approaches and strategies below. Identify a related action point for your professional development.

Other experiences

Task F: please use this box to record any other experiences that have had an impact on you during your time in this school. For example, these can include observations about the teaching of other curriculum subjects or thoughts about the wider responsibilities of primary teachers.

Initial Teacher Training Form ITT 03 (continued)

In order to understand the foundations that are being built upon throughout primary education, it would be beneficial for ALL potential students to spend time in a Foundation Stage classroom (Reception/Nursery).

The following tasks relate to the three prime areas of the Early Years Foundation Stage curriculum and involve observing children and staff. Please make sure that you maintain confidentiality. The names of children and/or adults should not appear in your notes.

Personal, social and emotional development task

Please observe and make notes about the ways in which staff support children in:

- Making relationships
- Developing self-confidence and self-awareness
- Managing feelings and behaviour.

It is likely that much of what you observe will be implicit so you will need to observe and analyse carefully. Discuss your observations with a member of staff.

Notes:

Communication and language task

Consider and make notes about the sorts of activities and exchanges that the children are engaged in, in order to lay the foundations for learning to read and write. These may be adult-led activities, child-initiated activities, or a combination of both. Please discuss your observations with a member of staff.

Notes:

Physical development task

Observe the movement development of two contrasting children in relation to some, or all of, the following:

- Body control - walking; running; jumping; hopping; throwing
- Manual Control - self-help skills (eating, dressing); construction skills; holding grips (writing and drawing)
- Bimanual Control - where two hands make different movements in a coordinated and complementary manner
- Control of Limb Movements - in a range of tasks when the body is stable and unstable (noting the rhythm and timing; the use of space; precision and control).

Please compare the characteristics of each child's development in relation to the observations you have made, and discuss this with a member of staff. Your notes should be kept safe as they will be referred to during induction week, and your first PE session, if you subsequently enrol.

Notes:

Initial Teacher Training Form ITT 03 (continued)

Report From the School

Name of Applicant (please print):

Comments:

Strengths:

Suitability for training to teach (please tick):

Highly recommended Recommended Some reservations

Would you consider offering a placement to this applicant in the future? YES NO

Is your school currently working in partnership with the University of Gloucestershire? YES NO

Signature: Please print name:

Role in school: Date:

Thank you for taking the time to complete this report. Your views and opinions are greatly valued.
Please discuss with the applicant the content of this report before it is returned to us. Thank you.

Initial Teacher Training Form ITT 04 (continued)

Suitability for Training to Teach

Highly recommended	Recommended	Some reservations

Comments:

Name of School:

Tel: Email Address:

Address:

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Personal details

Name (print): Position:

Signature: Date:

Tel: Email Address:

Please tick the box if you would like a member of Course Leadership to contact you.

Thank you for taking the time to complete this report for this applicant to the PGCE course at this institution.
Your views and opinions are greatly valued and appreciated. Please return the form direct to teachertraining@glos.ac.uk