**Headteacher:** Please enter the candidate’s name and then complete all sections below to confirm that you fully support their application to the **Higher Level Teaching Assistance (HLTA)** course with **Best Practice Network (BPN)**. Please note you can ‘double-left click’ on each of the boxes [ ]  to check the box [x]

**Candidate:** Please upload a scanned copy to your online application, or alternatively you can email it to us at hlta@bestpracticenet.co.uk.

|  |
| --- |
| Candidate name:  |
| Do you consider the candidate to be suitable for HLTA status? | [ ]  Yes | [ ]  No |
| Can you confirm that the candidate has undertaken whole class teaching with no teacher present on at least 2 occasions? (The candidate need not have been alone – they may have been supported by an HLTA or other adult who does not hold QTS) | [ ]  Yes | [ ]  No |
| Have you seen documentary evidence that the candidate holds a level two qualification in English/literacy? | [ ]  Yes | [ ]  No |
| Have you seen documentary evidence that the candidate holds a level two qualification in maths/numeracy? | [ ]  Yes | [ ]  No |

## Supporting Information

Please use the space below if you would like to supply any further information to support the candidate’s application.

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|  |

Please sign below to confirm that you agree with the following statements:

[ ]  ‘I have read the completed registration form. I confirm that I understand the terms and conditions the information supplied is accurate to the best of my knowledge.’

[ ]  ‘I am aware of, and the school is prepared to pay, the total cost of preparation and assessment’.

If the candidate is paying for the course themselves, please tick here: [ ]

[ ]  ‘I am willing to support the candidate through the HLTA programme.’

|  |  |
| --- | --- |
| **Please provide either a physical or photo signature (typed signatures are not acceptable):** | Date:  |
| Name:  | Role: |
| School name: |
| Contact telephone number:  |