**Please use this declaration form if your school is based in Essex, Thurrock or Southend**

**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

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

|  |
| --- |
|  |

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.’

a. ‘I am aware of the total cost of preparation and assessment. The school is prepared to pay and this application is not subject to Essex County Council funding. We will not be seeking Essex CC funding.’

b. ‘I am aware of the total cost of preparation and assessment. We will be seeking Essex CC funding and understand that we must make a separate application to Essex CC for this funding, through a link that BPN will provide, however, the school is prepared to pay if funding through Essex CC is not secured.’

c. ‘This application is subject to receipt of funding from Essex County Council funding. I understand that the school must make a separate application to Essex CC for this funding, through a link that BPN will provide.’

d. If the candidate is paying for the course themselves, please tick here:

Please note:

* If a. or b. are ticked above, we will process the application and if eligible and a space is available, we will add the applicant to the group.
* If c. is ticked above, we will hold the application in a queue, on a first come first served basis. We will then process the application, if and when funding is confirmed.
* If an individual is self-funding, they will not be eligible to claim funding from Essex County Council, therefore if this box is ticked, we will process the application and if eligible and a space is available, the applicant will be added to a group.

‘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: | |