# Application for Professional Registration for Fully Registered Teachers

THE GENERAL TEACHING COUNCIL FOR SCOTLAND



Application Pack Contents and Guidance

#### **IMPORTANT:**

You must submit all the required documentation at the same time as your application form. Failure to do this will result in your application being closed and you will be required to submit a new application for registration.

Please DO NOT send originals- PHOTOCOPIES ONLY No responsibility can be taken for original documents which go missing in the postal system.

	Application Checklist	Checklist
1.	Completed application form.	
2.	Documentary evidence (i.e degree transcript/module certificate) of relevant academic/professional qualifications (where applicable).	
3.	Evidence of completion of foreign residency requirement (applications for registration in Modern Foreign Languages only).	
4.	Nomination of referees- by nominating your referees you are acknowledging that GTC Scotland will contact them directly upon receipt of your application. It is your responsibility to ensure that your referees are willing to provide a report in support of your application.	
5.	I confirm that I have read the requirements for Professional Recognition/Registration and the application guidance on <u>http://www.gtcs.org.uk/registration/professional-registration.aspx</u> .	

Please use black ink and write in capital letters throughout.

## **Personal Details**

Suname       Title       Dr/Mr/Mrs/Miss         Forename(s)       Gender       Male / Female         Registration Number       Gender       Male / Female         Address       Gender       Male / Female         Address       Gender       Male / Female         Postcode       Gender       Male / Female         Postcode       Gender       Male / Female         Date of Birth       Gender       (DV/MV/YY)         N No. (if known)       Gender       (DV/MV/YY)         Nobiel Tel. No.       Gender       Gender       Female         Mobiel Tel. No.       Gender       Female       Female         School       Subject       Gender       Female         School       Gender       Gender       Female         Address       Gender       Gender       Female         School       Gender       Gender       Female         Gender       Gender       Gender       Female         Headteacher       Gender       Gender       Female							
Registration Number       Image: Secondary se	Surname			Title	Dr / Mr / Mrs / Ms / Miss		
Address Town Postcode Date of Birth Date of Birth I Output Date of Birth I Output I	Forename(s)			Gender	Male / Female		
Town Image: second arrow of the second arrow	Registration Number	r					
PostcodeImage: Secondary second	Address						
PostcodeImage: Secondary second							
Date of Birth       (DD/MM/YYYY)         NI No. (if known)          Contact Tel No.          Mobile Tel. No.          Brail Address          Category for very structor is sought:         Primary       Seconday         School          Local Authority          Headteacher	Town						
NI No. (if known)  Contact Tel No. Mobile Tel. No. Email Address Email Address Category for which registration is sought: Primary Secondar Subject Subject  Local Authority  Headteacher	Postcode						
Contact Tel No.   Mobile Tel. No.   Email Address   Email Address   Category for which registration is sought:   Primary   Secondary   Subject   Subject   School   Local Authority   Headteacher	Date of Birth			(DD/MM	/YYYY)		
Mobile Tel. No.   Email Address	NI No. (if known)						
Email Address	Contact Tel No.						
Category for which registration is sought:   Primary   Secondary   Subject   School   Local Authority   Headteacher	Mobile Tel. No.						
PrimarySecondarySubjectSubjectSchoolILocal AuthorityIHeadteacherI	Email Address						
Subject       Image: Comparison of the second	Category for which	Category for which registration is sought:					
School   Local Authority   Headteacher	Primary Sec	condary					
Local Authority Intercent	Su	ıbject					
Local Authority Intercent	School						
Headteacher							
FOR OFFICE USE ONLY	Headteacher						
FOR OFFICE USE ONLY							
	FOR OFFICE USE O	NLY					
Assessor Professional Registration Offered Y / N	Assessor		Professional Registration Offere	d	Y / N		
	Current Category						
Date of Full Reg Full/Provisional							
Eligible     Y / N     No. Days Probation							
		1 / IN	No. Days Hobalion				

Relevant Qualifications				
Title of Qualification				
Name of University/College				
Date Awarded				

List here the subjects studied within the degree or other course, in which examinations were passed (use a separate sheet if necessary:

Subject	Year(s)	Subject	Year(s)

## **Relevant Professional Experience**

School/College/Other (address)	Subjects Taught	Dates of Service

## **Relevant Professional Experience Continued**

School/College/Other (address)	Subjects Taught	Dates of Service

### Referees

You **must** nominate a referee from your **current or most recent teaching post** as part of your application for registration. If you have additional teaching experience/service **relevant to the subject/sector you are applying for Professional Registration in** at another school you may provide the contact details of additional referees.

#### **Current/Most Recent School Reference**

Name:				
Position:				
Tel.No.:				
Email:				
Relevant Additional	I Reference			
Name:				
Position:				
Tel.No.:				
Email:				
Current/Most Recer	nt School Reference Address	Relevant Additional Reference Address		
Please tick this box to indicate that you are aware your referees will be contacted directly by GTCS upon receipt of your application, that the contact details are accurate and that your referee is expecting to be				

We believe it is very important to respect your privacy and keep your personal information secure. To see how we use your information, please read our privacy policy on our website (www.gtcs.org.uk) or ask us for a printed copy.

#### 2 DECLARATION

- I confirm to the best of my knowledge and belief that the information and documentation that I have given in my application for registration is true, complete and accurate.
- I understand that if any part of my application is found to be fraudulent, The General Teaching Council for Scotland (GTC Scotland) may withhold or remove my registration and/or report the matter to the police.
- I consent to GTC Scotland contacting any person (in the UK or overseas) to gather further information
  or verify the information that I have provided and establish my fitness to teach. I understand that this
  means that GTC Scotland may need to pass personal information to any person so contacted. Where
  a person is approached, I consent to them providing GTC Scotland with any information requested.
- I confirm that I have read GTC Scotland's privacy policy and understand that GTC Scotland may process my personal information in the ways set out in that policy.
- I confirm that I have read the requirements for Professional Recognition/Registration and the application guidance on <a href="http://www.gtcs.org.uk/registration/professional-registration.aspx">http://www.gtcs.org.uk/registration/professional-registration.aspx</a>.
- I declare that if my application for professional registration is successful, I will comply with all applicable rules, codes and standards that GTC Scotland may set from time to time, including those relating to conduct and professional competence.

#### Signature

Date