

**Supporting Teaching and Learning in Schools  
City and Guilds Level 2 Award (5329)  
Application form**

Applicant's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Years resident in UK \_\_\_\_\_

Landline no : \_\_\_\_\_ Mobile no: \_\_\_\_\_

Email (*print very clearly*) \_\_\_\_\_

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Start date applied for: October

February

**(please tick)**

**Do you have any previous teaching/training/support qualifications?  
Give details here:**

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**List your other qualifications e.g. GCSE, A level (list subject and grade), professional qualifications.**

\_\_\_\_\_  
\_\_\_\_\_

**Using a computer for your course work and electronic portfolio**

**You will have to present your word processed work in an electronic portfolio. You will be given an induction for this, but you must have access to a computer and a scanner in order to be able to complete the units of the course.**

**Can you confidently send an attachment by email? Yes/ No (Circle.)**

**Do you have access to a computer, a scanner and the Internet?**

**Yes/ No (Circle.)**

**State if you have any specific learning needs: (specific details)**

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**INTERVIEWER - PLEASE RECORD**

Assessment completed:  Offer/induction letter to be sent:

Notes: \_\_\_\_\_

Interviewer: (name+date) \_\_\_\_\_

**Current practice/school/support experience**

**Please note you do not need to have any previous experience of supporting teaching and learning in a school for the Level 2 Award.**

**1/ If you are not working in a teaching and learning environment, complete this section:**

Give the name and address of your employer (if applicable)

Responsibilities

Are you full or part time?

**2/ If you work as a volunteer in a school, supporting teaching and learning please complete this section:**

Give the name and address of the school

The number of hours that you support in a week

Roles and responsibilities in the school

If accepted on the course could you commit at least 3 hours a week, in addition to taught sessions to preparing a portfolio?	YES	NO
Why would you like to do this course?		

- **Prompt: Have you attached evidence of your qualifications? As if not, this can hold up your application.**

*Please return all forms and copies of all your qualifications **promptly** to:*

*Marta Knill, Teacher Training Manager  
 Uxbridge College  
 Park Road  
 Uxbridge, Middlesex UB8 1NQ*

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_