* Ver: 03/09/2021*

**Appropriate Body Service**

**ECT Registration Form**

***Generate Teaching Hub***

*“Connecting & empowering great teachers in Halton, Warrington & Wigan”*

Pre Induction Registration Form is to be completed by the Headteacher responsible for recruiting an Early Career Teacher (ECT) and enrolling them onto the Appropriate Body service with Generate Teaching Hub. Please complete all information required. Missing information will result in form not being processed and a potential delay commencement date.

*Please note: If you are registering the ECT with Generate Teaching Hub’s Full Induction Programme (delivered in partnership with Teach First) please complete the* ***separate registration form.*** *Contact* *hub@wpat.uk* *if you do not have a copy.*

If you have any questions about this form Generate Teaching Hub contact details are at the foot of this page.

**Early Career Teacher Details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name of ECT |  | Surname of ECT |  |
| ECT’s email address |  |
| ECT’s Teacher Reference Number |  |
| ECT’s Date of Birth | Day |  | Month |  | Year |  |
| Please confirm the chosen Early Career Framework Induction programme |[ ]  Full  | **Note**: *If the Full programme is not chosen additional Fidelity Checks will be required.*  |
|  |[ ]  Core  |  |
|  |[ ]  School Led  |  |
| Please confirm the ECT is aware: |
| Of the requirements of the ECF programme & the role of an Appropriate Body. (please tick) |[ ]  Yes |[ ]  No |
| The Appropriate Body will register them with the Teacher Regulation Authority. (please tick) |[ ]  Yes |[ ]  No |
| Their personal data is being shared with the Appropriate Body. (please tick) |[ ]  Yes |[ ]  No |
| If any of the 3 answers above are ‘no’ please specific how and when they will be completed. (please tick) |  |

**School Details & Checks**

|  |  |
| --- | --- |
| Name of School where ECT will be based during their induction period. |  |
| School Unique School Reference number. |  |
| Current Ofsted grading for the School |  |
| Address where the ECT will be mainly based. |  |
| What post has been offered to the ECT?  |  |
| Headteacher verified Qualified Teacher Status (please tick) |[ ]  Yes |[ ]  In Progress |[ ]  Not Yet Done  |
| If verification is not complete please specific how and when this will be completed. |  |

**Induction Tutor**

|  |  |  |
| --- | --- | --- |
| Is an Induction Tutor assigned? (please tick) |[ ]  Yes |[ ]  To be confirmed |
| Full name of Induction Tutor. |  |
| Induction Tutor’s role(s) in school. |  |
| Induction Tutor’s email. |  |
| If Induction Tutor is ‘to be confirmed’ please specific how and when this will be completed. |  |

**School Based Mentor**

|  |  |  |
| --- | --- | --- |
| Is a mentor assigned to this ECT? (please tick) |[ ]  Yes |[ ]  To be confirmed |
| Full name of Mentor. |  |
| Mentor’s role(s) in school. |  |
| How many years teaching has the mentor completed? |  |
| Mentor’s email. |  |
| If Mentor is ‘to be confirmed’ please specific how and when this will be completed. |  |

**Timetable Obligations**

|  |  |  |  |
| --- | --- | --- | --- |
| Please confirm the school is providing a reduced timetable in addition to PPA. |[ ]  Yes |[ ]  No | **ECF Guidance States**: *ECTs will be allocated PPA + 10% reduction in timetable during year 1 and PPA + 5% reduction in timetable in year 2.* |

**Headteacher Details**

|  |  |
| --- | --- |
| Name. |  |
| Title. |  |
| Signature. |  |
| Email address. |  |
| Contact Number. |  |

Thank you for completing the information. This will be used to register the ECT on the Teacher Regulation Agency system.

**Please send completed form to the following email address:** **hub@wpat.uk**