# EARLY CAREER TEACHER ONE CUMBRIA APPROPRIATE BODY REGISTRATION FORM

# TO BE COMPLETED BY HEADTEACHER

***ALL SECTIONS MUST BE COMPLETED***

**Section One: (complete before the start of the term induction is due to begin). *In completing this section, the headteacher declares they are satisfied the NQT(Pre-September 2021)/ECT meets these requirements before induction can begin.***

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| --- | --- | --- | --- |
| Name of ECT: |  | | |
| Date of Birth: |  | | |
| TRN (DfE) number: |  | | |
| Date QTS achieved? |  | | |
| QTS certificate checked? | Signed: | Position: |  |

**Section Two: Send to One Cumbria Appropriate Body within four weeks of induction commencing, providing a copy to the ECT and induction tutor**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School Name: |  | | | |
| DFE No: |  | | | |
| \*Induction start date: | |  | | |
| \*If the ECT has completed part of their induction period elsewhere, please state the school and the duration served:  **(It is your responsibility to obtain previous assessment reports that have been completed)** | |  | | |
| Contract:  *(Complete as appropriate)* | Permanent: |  | Temporary / fixed term: |  |
| Contract Start Date: |  | End date (if temporary or fixed term): |  |
| Full time: |  | Part time FTE: |  |
| Induction | (**Full Time**) Expected completion date: | | |  |
| (**Part-time or temporary** contract) length of induction and expected completion date: | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Early Career Framework Programme  *(Please complete as appropriate)* | Full Induction Programme with One Cumbria & Teach First |  | Core Induction Programme using DFE accredited materials: |  |
| School Based Induction Programme: |  | No ECF – the ECT started their induction pre- September 2021: |  |
| Full Induction Programme with another Lead Provider |  | Please state Lead Provider: |  |

|  |  |
| --- | --- |
| Signature of induction tutor: |  |
| Email of induction tutor: |  |
| **Signature of headteacher:**  (unsigned forms will be returned) |  |
| **Date:** |  |

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| --- |
| **NOTE: Any changes made to FTE or contract duration must be shared with the Appropriate Body without delay.** |

**Please print, sign and return the signed, scanned copy to:**

[**beddoet@onecumbria.education**](mailto:beddoet@onecumbria.education)

**or print, sign and send the registration form to:**

**One Cumbria Teaching School Hub**

**c/o West Lakes Academy**

**Main Street**

**Egremont**

**Cumbria**

**CA22 2DQ**