



Yorkshire Leadership Community Programme Application Form

(for all programmes except Exec HT/CEO Programme and Governor Development Programme)

Applicant Details	
Programme	
Name	
Current role (indicate TLR level)	
School & phase	
Email & telephone	
Invoice Addressee	
Application Questions (to be completed by applicant)	
Please describe your current leadership responsibilities. What are your strengths in terms of your leadership skills and abilities	
What next stage promotion do you aspire to? When do you hope to achieve this?	
How do you think that this programme will help you to achieve your goal?	
Has your Headteacher completed the second part of this form?	
Has your Headteacher agreed to release you from school for all parts of the programme?	

I have read the information regarding this programme and I am fully aware of the commitment required. I agree to participate in all parts of the programme.

Applicant: By completing this form you are agreeing to the statements above.



Yorkshire Leadership Community Programme Application Form

Current Headteacher's Reference and Endorsement

Name of Headteacher					
School					
Email & Telephone					
Date					
Name of applicant					
How far does the applicant meet the following criteria? (1= Outstanding 2 = Very Good 3 = Satisfactory 4 = Poor)					
	1	2	3	4	Comment (if applicable)
Relationship with staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Relationship with students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Current leadership abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to inspire teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to work as part of a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Experience of working with SLT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quality of professional judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contribution to wider aspects of school life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Commitment to own professional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Honesty & integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contribution to wider aspects of school life and ethos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Potential for further promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I have read the information regarding the programme and I am fully aware of the commitment required by the applicant and their Headteacher. I fully support this application and I agree to release the applicant (named above) from school so that they are available to complete all parts of the programme.

Headteacher: By completing this form you are agreeing to the statements above.



Equal Opportunities Monitoring Form

Any information provided on this form will be treated as strictly confidential and will be used for statistical purposes only. No information will be published or used in any way, which allows any individual to be identified.

Gender Male Female

Are you married or in a civil partnership Yes No

Age

16-24	<input type="checkbox"/>	25-29	<input type="checkbox"/>	30-34	<input type="checkbox"/>	35-39	<input type="checkbox"/>	40-44	<input type="checkbox"/>
45-49	<input type="checkbox"/>	50-54	<input type="checkbox"/>	55-59	<input type="checkbox"/>	60-64	<input type="checkbox"/>	65+	<input type="checkbox"/>
Prefer not to say		<input type="checkbox"/>							

How would you describe your national identity?

English Welsh Scottish Northern Irish
British Other Prefer not to say

What is your ethnicity?

Ethnic origin categories are not about nationality, place of birth or citizenship. They are about the group to which you as an individual perceive you belong. Please indicate your ethnic origin by ticking the appropriate box

White

English Welsh Scottish Northern Irish
Irish Gypsy or Irish Traveller Other White background

Mixed/multiple ethnic groups

White and Black Caribbean White and Black African
White and Asian Any other mixed background

Asian/Asian British

Indian Pakistani
Bangladeshi Chinese
Any other Asian background

Black/ African/ Caribbean/ Black British

African Caribbean
Any other Black/African/Caribbean

Other ethnic group

Arab Any other ethnic group
Prefer not to say

Do you consider yourself to be disabled? Yes No Prefer not to say

Submit all parts of the application to info@yorksleadership.co.uk