Natspec Transform

Associate application form

**Please return this form to** [**transform@natspec.org.uk**](mailto:transform@natspec.org.uk)



|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Email:** |  |

1. Please outline your work in further education, relevant qualifications, and in particular any experience of working in the specialist college sector. (150 words max)

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1. Please outline your experience of working with students with learning difficulties or disabilities. Include details of specific disability groups where appropriate. (150 words max)

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1. Are you / have you been involved in inspection, or been a college nominee? Please provide details in the table below.

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| --- | --- | --- |
| **Inspection Services Provider / College** | **Activity** | **Dates** |
|  |  |  |
|  |  |  |
|  |  |  |

1. Please indicate your *main* areas of strength. Tick as many as apply but only those where you feel you have sufficient experience to undertake work for Natspec. Those with no experience can be left blank.

|  |  |  |
| --- | --- | --- |
| **Leadership and Management** | **Experience**  **(please mark as appropriate)** | |
| **Strength** | **Some** | **Significant** |
| 4a. Leadership and management across an organisation |  |  |
| 4b. Children and Families Act/SEND reforms |  |  |
| 4c. Finance and funding |  |  |
| 4d. Governance |  |  |
| 4e. Quality improvement / performance management, self-assessment |  |  |
| 4f. Partnership working, including with LAs and between ISCs and GFEs |  |  |
| 4g. Team building and development |  |  |
| 4h. Residential/care services |  |  |
| 4i. Safeguarding |  |  |
| 4j. Staff mental health and wellbeing |  |  |
| 4k. Transition and EHCPs |  |  |
| 4l. Equality and diversity |  |  |
| 4m. Prevent |  |  |
| 4n. Other, please state |  |  |

1. Please indicate your *main* areas of strength. Tick as many as apply but only those where you feel you have sufficient experience to undertake work for Natspec. Those with no experience can be left blank.

|  |  |  |
| --- | --- | --- |
| **Business Management** | **Experience**  **(please mark as appropriate)** | |
| **Strength** | **Some** | **Significant** |
| 5a. HR and employment issues |  |  |
| 5b. Fundraising and sponsorship |  |  |
| 5c. ILR data management and analysis |  |  |
| 5d. Other, please state |  |  |

1. Please indicate your *main* areas of strength. Tick as many as apply but only those where you feel you have sufficient experience to undertake work for Natspec. Those with no experience can be left blank.

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| --- | --- | --- |
| **Teaching, Learning and Assessment** | **Experience**  **(please mark as appropriate)** | |
| **Strength** | **Some** | **Significant** |
| 6a. Monitoring the quality of teaching, learning, support and assessment |  |  |
| 6b. Employability, work experience and supported internships |  |  |
| 6c. RARPA |  |  |
| 6d. Pedagogy - face to face and online learning |  |  |
| 6e. Careers Education Information Advice and Guidance |  |  |
| 6f. Assistive technology |  |  |
| 6g. PMLD Curriculum |  |  |
| 6h. Learner Mental Health and Wellbeing |  |  |
| 6i. Person centred planning |  |  |
| 6j. Health and physical activity |  |  |
| 6k. Learner Voice |  |  |
| 6l. Independent and supported living |  |  |
| 6m. Other, please state |  |  |

1. Please indicate the **type(s) of activity** you are interested in and where you have the necessary skills and experience.

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| **Activity** | **Y/N** | **Any specific aspects?** |
| 7a. Project management |  |  |
| 7b. Research, literature review, support for provider-led (action) research |  |  |
| 7c. Training – development and/or delivery |  |  |
| 7d. Online training- development and/or delivery |  |  |
| 7e. Facilitation of networks or project groups |  |  |
| 7f. Consultancy support for individual colleges |  |  |
| 7g. Interim Leadership posts |  |  |
| 7h. Quality review and support for new Natspec members |  |  |
| 7i. Writing (e.g. of reports or case studies), editing and/or proofreading |  |  |
| 7j. Coaching and mentoring |  |  |
| 7k. Other(s) - please state |  |  |

1. **Location** – in which areas are you able to work? (please mark Yes / No)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| South East |  | East Midlands |  | North East |  |
| Greater London |  | East of England |  | Yorkshire/ Humber |  |
| South West |  | West Midlands |  | North West |  |

1. Please describe **three** recent projects/activities which demonstrate your knowledge understanding, skills and experience as relevant to the Natspec Transform associate role.

**Project/activity 1**

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| --- | --- |
| **Activity -** *Please describe the work undertaken, your role in the activity, and the outcomes achieved (150 words max)* | |
| **Cross-reference to Sections 4 and 5 above** | *e.g. 4i, 4q, 4w, 5c, 6d* |
| **Client/employer** |  |
| **Dates** |  |
| **Referee – name and email address** |  |

**Project/activity 2**

|  |  |
| --- | --- |
| **Activity -** *Please describe the work undertaken, your role in the activity, and the outcomes achieved (150 words max).* | |
| **Cross-reference to Sections 4 and 5 above** | *e.g. 4i, 4q, 4w, 5c, 6d* |
| **Client/employer** |  |
| **Dates** |  |
| **Referee – name and email address** |  |

**Project/activity 3**

|  |  |
| --- | --- |
| **Activity -** *Please describe the work undertaken, your role in the activity, and the outcomes achieved (150 words max).* | |
| **Cross-reference to Sections 4 and 5 above** | *e.g. 4i, 4q, 4w, 5c, 6d* |
| **Client/employer** |  |
| **Dates** |  |
| **Referee – name and email address** |  |

**DBS**

* Are you DBS registered? **Yes / No**
* Is your DBS registration for adults or under 18s, or both? **Adults / Children / Both**
* Are you registered for the update service? **Yes / No**

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| --- | --- |
| Which organisation does it refer to? |  |
| What is its start date? |  |

**Insurance**

Do you have professional indemnity insurance? **Yes / No**

If yes, please attach a copy of your insurance policy on return of your contract.

**Email / newsletter agreement**

Would you like to receive occasional information/updates, via email, relevant to Natspec Transform training and consultancy activities? **Yes / No**

**Date form completed:**