**National Professional Qualification for Senior Leadership (NPQSL) Booking Form**

*Please complete* ***all fields*** *on this form.* This information is required by the National College for Teaching and Leadership.

|  |  |
| --- | --- |
| Programme: | NPQSL |
| Date(s): | *See flier* |
| Time(s): | *See flier* |
| Venue: | See flier |
| Cost: | £850 |

|  |  |
| --- | --- |
| Participant Name: |  |
| Gender: |  |
| Date of Birth: |  |
| Job Title: |  |
| Teacher Number: |  |
| School name/organisation: |  |
| Address: |  |
| School URN: |  |
| School current Ofsted rating: |  |
| Participant email address: |  |
| Participant home email address:\* |  |
| School telephone number: |  |
| Dietary Requirements: |  |
| Ethnicity: |  |
| Do you consider yourself to be white British? |  |
| Disability: |  |
| Invoice email address: |  |

*\* alternative contact to be used if a participant changes or moves school.*

You will need a coach who is a member of your senior leadership team, to provide guidance and support in school. *Coaches are required to attend the introductory session*.

|  |  |
| --- | --- |
| Coach name |  |
| Coach email address |  |
| Coach phone number |  |

I confirm that I have my school's agreement to attend the course listed above and to the attached [Terms and Conditions (Ctrl and left click to download)](http://www.castlephoenix.org.uk/wp-content/uploads/2016/09/Castle-Phoenix-TSA-Terms-Conditions-2016-17.pdf)

Signed/Name: ………………………………………………………………………..

Name of authoriser/Headteacher: ………………………………………………………………………..

Please return your completed form to [enquiries@castlephoenix.org.uk](mailto:enquiries@castlephoenix.org.uk)

Please note: incomplete forms or missing information will delay your application and potential place on the programme.