**Headteacher:** Please enter the candidate’s name and then complete all sections below to confirm that you fully support their application to the **Higher Level Teaching Assistance (HLTA)** course with **Best Practice Network (BPN)**. Please note you can ‘double-left click’ on each of the boxes  to check the box

**Candidate:** Please upload a scanned copy to your online application, or alternatively you can email it to us at [hlta@bestpracticenet.co.uk.](mailto:hlta@bestpracticenet.co.uk.)

|  |  |  |
| --- | --- | --- |
| Candidate name: | | |
| Do you consider the candidate to be suitable for HLTA status? | Yes | No |
| Can you confirm that the candidate has undertaken whole class teaching with no teacher present on at least 2 occasions? (The candidate need not have been alone – they may have been supported by an HLTA or other adult who does not hold QTS) | Yes | No |
| Have you seen documentary evidence that the candidate holds a level two qualification in English/literacy? | Yes | No |
| Have you seen documentary evidence that the candidate holds a level two qualification in maths/numeracy? | Yes | No |

## Supporting Information

Please use the space below if you would like to supply any further information to support the candidate’s application.

|  |
| --- |
|  |

Please sign below to confirm that you agree with the following statements:

‘I have read the completed registration form. I confirm that I understand the terms and conditions the information supplied is accurate to the best of my knowledge.’

‘I am aware of, and the school is prepared to pay, the total cost of preparation and assessment’.

If the candidate is paying for the course themselves, please tick here:

‘I am willing to support the candidate through the HLTA programme.’

|  |  |
| --- | --- |
| **Please provide either a physical or photo signature (typed signatures are not acceptable):** | Date: |
| Name: | Role: |
| School name: | |
| Contact telephone number: | |