Please enter the candidate’s name and then complete all sections below to confirm that you fully support their application to the **National Professional Qualification for Senior Leadership** with the **Outstanding Leaders Partnership** (OLP).

Please then return to the candidate to attach to their application form or return completed to cpd@bestpracticenet.co.uk by email.

|  |
| --- |
| Candidate name:  |
| I agree to provide release time, mentoring and other support needed to enable the applicant to complete the qualification. | [ ]  Yes | [ ]  No |
| I can provide a school improvement priority task for the applicant to lead a team for an extended period. | [ ]  Yes | [ ]  No |
| I will provide evidence/verification that the applicant has completed this task. | [ ]  Yes | [ ]  No |
| I agree to meet with the applicant at appropriate intervals to discuss progress and development in line with the NPQSL qualification expectations. This includes ensuring the applicant has a clear plan for submission (within 18 months of starting the programme at the latest) and communicates this plan (along with any changes to the plan) to OLP when requested to do so. | [ ]  Yes | [ ]  No |
| I confirm the applicant currently fulfils at least one of the following roles within the school:* Senior leader with cross-school responsibilities
* Experienced middle leader
* Deputy head
* SENCO
* Advanced Skills Teacher
* Senior member of staff
 | [ ]  Yes | [ ]  No |
| If the applicant does not fulfil one of the roles above, please specify their role below: |
| I support the applicant's place on the qualification and confirm that the above statements are true. | [ ]  Yes | [ ]  No |

## Supporting Information

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

|  |
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|  |

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

* Head Teacher: ‘I confirm that I have read and understand the [*terms and conditions*](https://www.outstandingleaders.org/terms-and-conditions) and that the information given above is accurate to the best of my knowledge’ [ ]  Yes
* Please confirm who will be paying for the programme:

Candidate (self-funding) [ ]  School [ ]  Third Party [ ]  (Invoice details to be supplied on online application form)

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