Please enter the candidate’s name and then complete all sections below to confirm that you fully support their application for National Award for SEN Co-ordination programme.

Please return the form to your colleague to upload alongside their application or email the completed form to [NASENCO@bestpracticenet.co.uk](mailto:NASENCO@bestpracticenet.co.uk).

|  |  |  |
| --- | --- | --- |
| Candidate name: | | |
| Can you confirm that you/the school will provide sufficient support to the candidate to enable him/her to complete the National Award for SEN Co-ordination training and assessment programme?  (Please note: BPN recommends that schools allow at least 2-3 days release in addition to the face-to-face training days to effectively support their SENCO) | Yes | No |
| Can you confirm that the candidate has been DBS checked and/or ISA registered in accordance with government regulations and is considered safe to work with children? | Yes | No |
| Can you confirm that the candidate is employed under a permanent or fixed-term contract that will continue for at least 1 (one) year from the date of this application, until the National Award for SEN Co-ordination is completed? | 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’.*

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

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

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