# TSE TEACHING INTERNSHIP APPLICATION FORM



Personal Information	
Title	
Forename	
Surname	
Address	
Gender	
Date of Birth	
University if applicable and subject	
Home Number	
Mobile Number	
Email Contact	
Disability/Special Needs	

Qualification	ons – where ap <sub>l</sub>	olicable			
First degre	e or equivalent				
Date	Date	Name of	Institution	Title of Degree	Class of degree
Started	Completed				
A Levels or	<sup>.</sup> equivalent				
Date	Qualification	Body	Exam	Subject	Grade
	Туре				

GCSE or equivalent: must include Maths and English Language (and Science for Primary) at grade C (new grade 4) or above	
Subject	Grade

## **TSE TEACHING INTERNSHIP APPLICATION FORM**



## **EXPERIENCE:**

#### Please tell us about any experience you have had working with young people

Teaching Experience 1			
From Month/year	To Month/year	Location	Role / Title
Please outline your key responsibilities and reflections on your experience (in bullet form)	•		

Teaching Experience 2			
From Month/year	To Month/year	Location	Role / Title
Please outline your key responsibilities and reflections on your experience (in bullet form)	•		



Please provide any additional information that you feel will support your application for the programme.

This may include:

- Any extra-curricular activities that you have led/ been involved in
- Any positions of responsibility that you have held
- Other examples of how you have engaged with teaching and young people
- Other experiences you have had which you feel are relevant to this programme

### **EMERGENCY CONTACTS**

Please provide contact details below for your next of kin (i.e. who we should contact in the event of an emergency):

Name of next of kin:	
Relationship to Intern:	
Emergency contact telephone number(s):	

## **TSE TEACHING INTERNSHIP APPLICATION FORM**



### REFERENCES

*Please complete the table below with contact details for two referees (we suggest a personal and an academic / professional referee).* 

Referee 1	
Name of referee:	
Relationship to you:	
Referee's Email:	
Referee's Tel:	
Referee's Address:	
Referee 2	
Name of referee:	
Relationship to you:	
Referee's Email:	
Referee's Tel:	
Referee's Tel: Referee's Address:	

Signed (Candidate):

Date: