**NEWLY QUALIFIED TEACHERS - REGISTRATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **To be completed by school before the start of the term when induction is due to begin.** The school must be satisfied that the NQT meets these requirements before induction can start. | | | | | | | | | | |
| Name of NQT: | | | | |  | | | | | |
| Date of Birth: | | | | |  | | | | | |
| Teacher reference number: | | | | |  | | | | | |
| Start date (of contract): | | | | |  | | | | | |
| Expected end date of contract: | | | | |  | | | | | |
| School: | | | | |  | | | | | |
| **Type of Contract (complete as appropriate):** | | | | | | | | | | |
| Full time: | |  | | **OR** | | part time: | |  | Full time equivalent**: e.g. 0.5** |  |
| Permanent: | |  | | **OR** | | temporary/fixed term: | | |  | |
| Will the NQT complete induction at your school? | | | | | | | | |  | |
| Year Group: | |  | | Secondary NQT Subject Area: | | | | |  | |
| NQT’s email: | | |  | | | | | | | |
| Induction Tutor/ Mentor’s email: | | |  | | | | | | | |
| Name of Induction Tutor / Mentor: | | | | | | |  | | | |
| Signature of Induction Tutor / Mentor: | | | | | | |  | | | |
| Date: |  | | | | | | | | | |
| If the NQT has completed part of their induction period elsewhere, please state the school, the duration served, and attach copies of completed assessment forms. **NB: It is the school’s responsibility to obtain previous assessment reports** | | | | | | | | | | |
| Please return by e-mail to [Joanne.Helm@sefton.gov.uk](mailto:Joanne.Helm@sefton.gov.uk) School Improvement Team, Professional Development Centre, Park Rd, Formby, Liverpool, L37 6EW | | | | | | | | | | |