

**Teacher Training (Lifelong Learning) In-service, part time courses**

1. **Certificate in Education (Lifelong Learning)**
2. **Professional Graduate/ Postgraduate Certificate in Education (Lifelong Learning)**
3. **Postgraduate Diploma in Education (Lifelong Learning) Reference Request for (name of applicant):**

The above-named person has applied to join this course and has given your name as a referee. This two- year part-time in-service course is designed for teachers, lecturers and trainers working in the lifelong learning sector, which includes further, higher and adult education, community and youth services, health services, the uniformed services (particularly army, prison, police and fire services), private trainers and organisations with training departments.

I would be grateful if you would complete the reference (adding information on separate sheets if you wish) and return it to the applicant or to the **proposed centre of study (see above) within 5 working days**. As this is an in-service course you are asked to confirm that the applicant will be employed as a paid teacher or trainer, with direct responsibility for students (i.e. not as an assistant), for at least 50 hours during the following academic year. It is appreciated that you may be unable to guarantee this. Applicants to the in-service programme must normally hold paid employment as a teacher, trainer or tutor or an equivalent voluntary role with a charity registered with the Charities Commission. Exceptionally, applicants may have a voluntary placement in an organisation, which is not a registered charity subject to the criteria set out below.

We also ask you to confirm (where you have knowledge) that an Enhanced Disclosure and Barring Service (DBS) check has been carried out with respect to the applicant. Please authenticate your reference with an official stamp or attach a compliment slip or letterhead that identifies you and your role within your organisation. We do not normally acknowledge receipt of references and so would like to thank you in advance for your assistance in helping us to select candidates for training and development.

Yours faithfully

**Helen Hall**

**Professional Support Administrator**

School of Education and Professional Development

Please return this form by email to our Lifelong Learning inbox- sepdlll@hud.ac.uk

**University of Huddersfield**

**School of Education and Professional Development**

**Teacher Training (Lifelong Learning) In-service, part time courses**

* **Certificate in Education (Lifelong Learning)**
* **Professional Graduate/ Postgraduate Certificate in Education (Lifelong Learning)**
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**Reference for:**

**Name of institution where applicant is employed:**

**Referee name: Position:**

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| Can you confirm that the applicant will be working as a paid\* teacher or trainer, with direct responsibility for Post-14 students, for a minimum of 50 hours during the forthcoming academic year? Please tick the appropriate box**: Yes No**  If yes, in what capacity will be applicant be working? If no, please comment further (to assist the application process, particularly with regards to voluntary work):  In the course of their teaching/training, does the applicant have access to young people or vulnerable adults? **Yes No**  Can you confirm that an Enhanced DBS check has been carried out with respect to the applicant?  **Yes No DBS Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issue date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  If no, please confirm the reason why an Enhanced DBS check has not been carried out:  Are you satisfied that the applicant is a suitable person to be working in a teaching/training capacity?  **Yes No**  **\*voluntary work may be acceptable in certain circumstances** |
| Applicant’s knowledge of their specialist area of teaching: |
| Applicant’s teaching or training ability and experience: |
| Relevance to teaching of applicant’s industrial, commercial, public service or voluntary sector experience: |
| Applicant’s commitment and motivation: |
| Any other comments that you may wish to make: |
| Signed: Date:  **Please authenticate with an institutional stamp, compliments slip or letterhead.** |