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| **SHARED SERVICES CENTRE USE ONLY** | | | | **TEACHER SECONDMENT FORM****Part A** | ***Derbyshire County Council logo in black.*** |
| **SAP No.** |  | **Checked By** |  |
| **File Log** |  | **A&I Check** |  |
| **CRB Issued** |  | **Med Issued** |  |
| **CRB Clear/Port** |  | **Med Clear** |  |
| **NQT Notification** |  | **QTS** |  |
| **Contract** |  | **Section 1** |  |
|  | | | | | |
| **This section is to be completed by the School** | | | | | |
| |  | | --- | | **If an employee is commencing a secondment, please detail the employee’s new FIXED TERM seconded post below, before proceeding to Part B to detail the changes to the employee’s existing post.** | | | | | | |

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| **School** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **School DfE no** | | | | | | | | |  | | | | | | | |
| **Appointment Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Title** | **Mr** | |  | | **Mrs** | | | |  | | | **Miss** | | | |  | | | **Ms** | | |  | | | **Dr** | | | |  | | **Other (specify)** | | | | | | | |  | | | | | | | | | | | | | |
| **Initial(s)** | | | |  | |  |  |  | |  | **Forename(s)** | | | | | | | | |  |  | |  |  | |  |  |  | |  |  |  |  |  |  | |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |
| **Surname** | | | |  | |  |  |  | |  |  | |  |  |  | |  |  | |  |  | |  |  | |  |  |  | |  |  |  |  |  |  | |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |

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| **Job Title** | **Headteacher** |  | **Assistant Headteacher** |  | **Deputy Headteacher** |  | **Teacher** |  |
| **Other specify** | |  | | | | | |

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| **Name of previous post holder if applicable** |  | | | |
|  | | | | |
| **Does this job purely relate to extended or ‘wraparound’ services** | | | **Yes / No** | |
|  | | | | |
| **Start date for this appointment** |  | **First date of appointment with this school** | |  |
| **Date Med 1 issued by school** |  |  | | |
| Please note it is the school’s responsibility to verify evidence of continuous service. Dates will be incorporated into the employee’s contract. | | | | |

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| **Has this employee obtained Qualified Teacher Status (QTS) to teach in England & Wales?** | **Yes / No** |
| **Has this employee obtained Qualified Teacher Learning and Skills (QTLS) to teach in England & Wales?** | **Yes / No** |
| **Has this employee obtained Early Years Teacher Status (EYTS) to teach in England & Wales?** | **Yes / No** |
| **Is this employee an Early Career Teacher (ECT)? If yes, is this their first or second year of teaching?** | **First / Second / NA** |

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| **To register your ECT for their statutory Induction period you may wish to use the Derbyshire Appropriate Body service. This can be done by registering here:** [**https://derbyshire.nqtmanager.com/Login.aspx**](https://derbyshire.nqtmanager.com/Login.aspx) **For further information please contact** [**NQT.Mailbox@derbyshire.gov.uk**](mailto:NQT.Mailbox@derbyshire.gov.uk)**”** |

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| **Fixed term end date\*** |  | | |
| \*If fixed term, enter the date or approximate date of termination & select one of the following reasons for temporary appointment | | | | | | | |
| **Pending staffing review** | |  | **Pending established appointment** | |  | **Fluctuating pupil nos** |  |
| **Maternity/Sickness cover** | |  | **Name of employee covering** | |  | | |
| **Additional funding** | |  | **Detail funding** | |  | | |
| **Other** | |  | **Please state** | |  | | |

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| **Full Time** |  | **Part Time** |  | **FTE (e.g. PT contract 0.5fte)** |  |

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| Following the introduction of changes to teachers pay from 1st September 2013, please note that the scale points shown below reflect Discretionary Reference Points for each pay range as set out in the Council’s model Teacher’s Pay Policy. Please tick the appropriate box(es) to indicate the make-up of Annual Salary Rate for this post at the date of commencement | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **1** | **2** | | **3** | | | **4** | | | | **5** | | | | | **6** | | | |
| **Qualified Teachers** | **Main Pay Scale** | |  |  | |  | | |  | | | |  | | | | |  | | | |
| **Upper Pay Scale** | |  |  | |  | | | | You must have seen relevant evidence to substantiate payment | | | | | | | | | | | | |
| **T.L.R. Allowance** | |  |  | |  | | | **T.L.R. Amount** | | | | | | | | **£** | | | | | |
| **Fixed Term (TLR3)** | | | | | **From** | | | | | **To** | | | |
|  | | | | |  | | | |
| **S.E.N. Allowance** | |  |  | |  | | | | | | | | | | | | | | | | |
| **Other Allowance (please specify)** | | **£** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **1** | | **2** | | | **3** | | | **4** | | | | | **5** | | | | **6** | | |
| **Unqualified Teachers Scale** | | |  | |  | | |  | | |  | | | | |  | | | |  | | |
| **Leadership** |  | **Spine point at commencement** | | | | | **Individual School Range (ISR)** | | | | | | | | | | | | | | **Point range** | |
| **From** | | | | | **To** | | | | | | | | |
| **Headteacher** |  | | | | |  | | | | |  | | | | | | | | | **7** | |
| **Deputy Headteacher** |  | | | | |  | | | | |  | | | | | | | | | **5** | |
| **Assistant Headteacher** |  | | | | |  | | | | |  | | | | | | | | | **5** | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Reference point at commencement** | | | | | **Salary Range** | | | | | | | | | | | | | | | |
| **From** | | | | | | | | **To** | | | | | | | |
| **Leading Practitioner** | |  | | | | |  | | | | | | | |  | | | | | | | |

**Origin Information & QTS Status Route**

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| To be completed for those who have already obtained QTS or QTLS.  ***Please tick one box only*** confirming what the teacher was doing prior to taking up this post. | | | | | |
| **Origin** | ***Please tick*** | |  | ***Please tick*** | |
| 1st Employment in Teaching – not immediately after training | 1STAFT |  | 1st Employment in Teaching – Employment based teacher training | 1STEBR |  |
| 1st Employment in Teaching – Immediately after training | 1STIMM |  | Non-Education Employment – Other Employment | EMPOTH |  |
| Non-Education Employment – Public Sector | EMPPUB |  | Non-Education Employment – Self-Employment | EMPSLF |  |
| Break for family reasons | FAMBRK |  | Not Applicable – Change of Contract | NOTAPP |  |
| Not Known | NOTKNW |  | Other Break | OTHBRK |  |
| Other Education post in England or Wales | OTHEDU |  | Other | OTHERR |  |
| Other Education post outside the UK | OTHFOR |  | Other Education post in Scotland or Northern Ireland | OTHSNI |  |
| Teaching post within a 6th Form College in England or Wales | TCH6TH |  | Teaching post with a University, FE/HE college in England or Wales | TCHFHE |  |
| Teaching post outside the UK | TCHFOR |  | Teaching post within an independent school in England or Wales | TCHIND |  |
| Teaching post within the LA sector (school or central staff) | TCHLEA |  | Teaching post in Scotland or Northern Ireland | TCHSNI |  |
| Unemployed and seeking work | UNEMPL |  |  | | |

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| Only to be completed for staff who are taking up their first position since obtaining QTS or QTLS  ***Please tick one box only*** | | | | | |
| **Status Route** | ***Please tick*** | |  | ***Please tick*** | |
| Annual College Exit – Graduate Course | ACEG |  | Annual College Exit – Post Graduate Course | ACEP |  |
| Flexible Route | FLEX |  | Graduate Teacher Programme | GTPR |  |
| Overseas Trained Teacher – not yet on the programme | OTTN |  | Overseas Trained Teacher Programme | OTTP |  |
| Mutual Recognition from Northern Ireland, Scotland or the EU | RECG |  | Registered Teacher Programme | RTPR |  |
| Teach First Programme | TFST |  |  | | |

**Asylum & Immigration**

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| With effect from 29 February 2008 Sections 15-25 of the Immigration Asylum and Nationality Act came into force. By authorising this form you are confirming that you have verified original documentation and retained copies within school in accordance with ‘The Immigration Asylum and Nationality Act 2006 - Guidelines for Schools’. |

**Job and Person Details**

|  |  |
| --- | --- |
| When submitting this form, please provide a copy of the relevant person profile and job specification. Alternatively, if this position has been advertised through Derbyshire County Council’s Traded Services, then the job number may be provided instead using the box below. | |
| **Job Reference Number (Please use the following format; JOB/YY/NNNNN)** | **JOB/** |

**DBS & Prohibition Checks**

|  |  |  |  |
| --- | --- | --- | --- |
| If you have adopted the DCC policy on portability of DBS checks and accepted a DBS clearance already undertaken by DCC for this employee, please provide | | | |
| **Disclosure number** |  | **Date of disclosure** |  |

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| To ensure compliance with the DfE Statutory Guidance – Keeping Children Safe in Education. | | | |
| **Has the school completed a satisfactory Prohibition’s check** | **Yes / No** | **Date completed** |  |

**Certificate of Good Conduct**

|  |  |  |  |
| --- | --- | --- | --- |
| If the employee has worked abroad for 6 months or more since the age of 18, they will also be required to provide a Certificate of Good Conduct from the countries in which they worked. | | | |
| Does the employee require a CGC? | **YES/NO** | If yes has the employee provided a satisfactory CGC? | **YES/NO** |
| If the employee has been unable to obtain a CGC are you happy to proceed with employment? | | | **YES/NO** |

**Travel and Expenses**

|  |  |  |
| --- | --- | --- |
| Will the employee submit job related Travel claims? | **YES/NO** | If yes, please complete a Notification of Vehicle Details Form and submit with this form |

**Declaration**

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| I confirm that this appointment was conducted in accordance with the Instrument and Articles of Government of the school, the school’s Equal Opportunities Policy, Sections 15-25 of the Immigration and Nationality Act and any necessary risk assessments have been undertaken. |

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| **Headteacher / Chair of Governors Signature** |  | **Date** |  |
| **Governing Body Minute No.**  **(for Headteacher appointments only)** |  |

**Guidance Notes**

A DfE Number (or Teacher Reference Number) is not evidence that a teacher holds QTS.

Schools can register to use the DfE’s Employer Access secure online facility to check a teacher’s QTS details. To register, schools should send an e-mail to [employer.access@education.gsi.gov.uk](mailto:employer.access@education.gsi.gov.uk) and include the following:

School name and full address

DfE school number (e.g. 830/1234)

Headteachers name

This site does not include verification of teachers with QTLS.

QTLS status should be checked by contacting the Institute for Learning ([www.ifl.ac.uk](http://www.ifl.ac.uk))

Please note that using the Employer Access facility does not exempt schools from making other necessary checks for all staff (e.g. DBS Vetting and Barring Scheme, health checks etc.)

The Employer Access database only holds details of those employed to undertake teaching work, and does not hold details of non-teaching employees.

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| **Adjustment Details** | | | | | | |
| **Effective date** |  | **Does this initiate a change in job** | | **Yes / No** | **If yes please complete the new job title & benchmark details (Single Status only)** | |
|  | | | | | | |
|  | | | **Previous details** | | | **New details** |
| **Increase or decrease in hours**  Non single status only - Please provide names & hours for pupil/s where Special Needs Teaching Assistants hours are changing. | | |  | | |  |
| **Change to salary**  Please indicate pay point & FTE salary | | |  | | |  |
| **Change to weeks** | | |  | | |  |
| **Other - specify** | | |  | | |  |
|  | | | | | | |
| **Full details of and/or reason for change –** Please also provide any instructions specific to your school | | | | | | |
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| ***SHARED SERVICES CENTRE USE ONLY - Initials / Date*** | | **TEACHER SECONDMENT FORM** **PART B** | ***Derbyshire County Council logo in black.*** |
| ***NI No.*** |  |
| ***SAP*** |  |
| ***Letter*** |  |

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| **Please detail any changes to the employee’s already existing post on the below form.** |

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| --- | --- | --- | --- |
| **Employee name** |  | **Employee no** |  |
| **School** |  | **School DfE no** |  |
| **Current job title** |  | | |

**Declaration**

|  |  |  |  |
| --- | --- | --- | --- |
| I confirm that this appointment was conducted in accordance with the Instrument and Articles of Government of the school, the school’s Equal Opportunities Policy, Sections 15-25 of the Immigration and Nationality Act and any necessary risk assessments have been undertaken. | | | |
|  | | | |
| **Headteacher / Chair of Governors Signature** |  | **Date** |  |
| **Governing Body Minute No.**  **(for Headteacher appointments only)** |  |

**Please upload onto Perspective Lite or Sharepoint, alternatively return to:**

**Traded Team**

**HR Services, County Hall, Derbyshire, Matlock, DE4 3AG**

Any queries about completing this form, please email [traded@derbyshire.gov.uk](mailto:traded@derbyshire.gov.uk)