Controlled Schools’ Support Council

Second Floor, Main Building

Stranmillis University College

Stranmillis Road

Belfast BT9 5DY

Tel: +44 (0)28 9531 3030

**Office use only**

Application on database [ ]

**CONFIDENTIAL**

**APPLICATION FOR SCHOLARSHIP**

*(Please note that CVs will NOT be accepted)*

**Please note this form should be completed electronically. We will not normally accept handwritten applications except where a reasonable adjustment is required. Should you require assistance please contact main office on telephone number 028 9531 3030.**

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| **Title:** | **CSSC Non-Selective Post-Primary Leadership Scholarship**  |
| **Location:** | **CSSC Headquarters****Stranmillis University College Belfast BT9 5DY** | **Closing date and time**:  |  **Sunday 18 February 2024** **at 12 midnight** |
| **Completed applications should be returned by email to:** | **info@csscni.org.uk** |  |  |

**Important note for applicants:**

Sections A and B are essential and candidates should ensure that both are completed.

**SECTION A**

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| **Personal details** |
| Title (delete as appropriate): (Dr/Mr/Mrs/Ms/Miss)  | Forename(s):  |
| Surname:  |  |
| Address:    |
| Postcode: | Daytime telephone number(s)(i) (ii)  |
| Email address:  |
| **Employment history** |
| Please complete the table below providing details of your current post, and any other associated posts so as to demonstrate the minimum requirement of three years operating as a Principal or Vice Principal in a non-selective controlled post-primary school in Northern Ireland. |
| Name and address of employer:   | Job title:  |
| Dates of employment: |
| From:  | To: |
|   |   |
| **Previous employment continued as required:**  |
| **Employer name and address** | **Job title** | **Dates of employment (dd/mm/yy)** |
| **From**  | **To** |
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**SECTION B**

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| **CSSC criteria** |
| The Scholarship is available to serving Principals, Vice-Principals, Assistant Principals or members of an SMT in a non-selective controlled post-primary school. To be considered for the scholarship funding you should:* have a minimum of three years’ experience of leadership across a whole school setting
* have been accepted onto the Chartered (Leadership) Status pathway (membership of the Chartered College is a pre-requisite)
* have completed the Introductory Course for Chartered Teacher (Leadership) Status (self-funded) and
* have been accepted for one of the four Chartered Teacher (Leadership) Status Units

Candidates **MUST** demonstrate that they meet the CSSC criteria and complete the essential information.  |

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| **Eligibility Criteria**  |
| 1. I have a minimum of three years’ experience of leadership across a whole school setting.

Please ensure that you fully describe against this requirement, how you meet the stated criteria.  |
| **Type ‘A’ in the box and it will display a tick** | **Yes** | **No** |
| 1. I am a member of the Chartered College and have been accepted onto the Chartered (Leadership) Status pathway.
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| 1. I have completed the Chartered Teacher (Leadership) Status Introductory Course.
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| 1. I have been accepted for the following Unit for Chartered Teacher (Leadership) Status:
 | Cost | Unit Applied For | Expected Date of Completion |
| Unit 1: Certificate in Evidence-Informed Practice | £99 |  |  |
| Unit 2: Development of Teaching Practice Award (Leadership) | £179 |  |  |
| Unit 3: Education Research and Inquiry Certificate (Leadership) | £179 |  |  |
| Unit 4: Professional Knowledge Award (Leadership) | £139 |  |  |
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| 1. My Chairperson / Governors approved my application for the Chartered Teacher (Leadership) Status pathway and are aware of my application for the CSSC Scholarship.
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| **Essential Information** |
| 1. How will study of your chosen Unit build upon your professional development? (250 Word Limit)
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| 1. How will study of your chosen Unit benefit your school? (250 Word Limit)
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| **DECLARATION** |
| By signing your application for the CSSC Scholarship below you are confirming that:* the information provided on this application form is true and accurate, and
* CSSC may process and retain this application form under the provisions of the General Data Protection Regulation 2018. I understand that by completing this declaration I am indicating my authorisation for the CSSC to process and retain the information for the purposes stated.
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| **Signature**  |   | **Date**  |   |