

Peer Accreditor Application form

Thank you in advance for taking the time to fill out this application form

Name:	Current position:			
Current school:				
Date you started in this role:				
Contact Email Address:				
<i>If you no longer work in a school</i>				
What was your last school and position ?				
Dates when you started at the school and left:				
Education				
Degree / higher degree / teaching qualification / leadership qualification	University / awarding body	Dates	When successfully completed	
Previous employment in education				
School	Role(s)	Date started	Date left	Reason

Give details of any gaps in employment:

Please state any previous employment with dates:

Have you undertaken any safeguarding training in the past two years ? If so, please give details and dates, the nature of any courses and the providers

Professional learning in the past five years. This includes any projects, initiatives and action research in your school

Title	Date	Provider

Have you ever been the subject of any formal complaint, disciplinary procedure or safeguarding investigation ?

Yes / no

If 'yes,' please give details

Have you ever received any formal reprimand ? e.g. verbal or written warnings

Yes / no

If 'yes,' please give details

Why do want to become a peer accreditor ?

What appeals to you about COBIS's approach to quality assurance ?
<https://www.cobis.org.uk/services/accreditation>

What qualities and experience would you bring to the role ?

Would you eventually like to be invited to train as a Lead Improvement Partner ? Please expand

What does COBIS mean to you ?

References

Can you supply the contact details of two professional referees who know you and your work well, please. They must have worked with you in in an educational capacity.

If you have worked in your present school **for less than three years**, please name a referee from your previous school / place of work

We will contact referees before you complete training and before any assignment

Name	Position	Professional email address and contact telephone number	Address of school and main reception telephone number

Would you like to add anything further to this application form ?

I confirm that all the information is, to the best of my knowledge true and accurate

Signed:

Date:

Please sign in pen and send a scanned copy to Sharon Gallagher at COBIS

Revised April 2023