**Early Career Framework Participant Details**

This form confirms registration onto the ECF Full Induction Programme with the Teaching School Hub and in partnership with UCL Institute of Education.

**Please return this information to** **karenhartshorne@tykestsa.education**

|  |  |
| --- | --- |
| **School URN:**  |  |
| **School name:**  |  |
| **School address:** |  |
| **Principal name:** |  |
| **Principal email address:** |  |
| **Induction Tutor name:** |  |
| **Induction Tutor email address:** |  |

Please provide the details of your early career teacher(s) below:

|  |  |  |  |
| --- | --- | --- | --- |
| **ECT Information** | **ECT 1** | **ECT 2**  | **ECT 3** |
| Full name |  |  |  |
| TRN |  |  |  |
| Date of birth |  |  |  |
| School email address |  |  |  |
| Working pattern (FT/PT) |  |  |  |
| Phase (EYFS/Primary/Secondary) |  |  |  |
| Specialism (if Secondary) |  |  |  |
| Start date |  |  |  |
| Terms of Induction already completed (where appropriate) |  |  |  |

Please provide the details of your mentor(s) below where possible:

|  |  |  |  |
| --- | --- | --- | --- |
| **Mentor Information** | **Mentor 1** | **Mentor 2** | **Mentor 3** |
| Full name |  |  |  |
| TRN |  |  |  |
| Date of birth |  |  |  |
| Job role |  |  |  |
| School email address |  |  |  |
| Working pattern (FT/PT) |  |  |  |
| Phase (EYFS/Primary/Secondary) |  |  |  |
| Specialism (if Secondary) |  |  |  |
| Have they mentored an ECT previously on the ECF programme?  |  |  |  |

Do you want to register your ECTs with the Hub Appropriate Body service for their induction? Yes /No

Thank you for completing and submitting this information.