**Expression of interest (EOI) form - Mentors**

Name:

School/Nursery/Setting name:

Manager/Headteacher/Owner’s name:

Postcode:

Local authority:

Please use the table below to describe your skills and experience.

|  |  |
| --- | --- |
| **Question** | **Response** |
| 1. Referring to the responsibilities outlined above, please give details ofyour relevant experience.   *You should look to include the following in your response:*   * *Relevant experience, including where you have supported others in the sector if appropriate* * *Clear evidence you have a sound understanding of child development* * *Clear evidence you have a sound understanding of the reformed Early Years Foundation Stage Framework* * *Experience of using a coaching model of support, if applicable*   *(Use this space to provide sufficient evidence to answer this question in no more than 800 words)* |  |
| 1. Please list your relevant qualifications for this role. in particular;  * *Early years/child development qualifications (L6 and above)* * *QTS if applicable* * *Additional relevant qualifications such as MA, MSc etc.* * *Leadership/coaching qualifications* * *Recent relevant CPD completed* |  |
| 1. Please use this space to confirm your DBS status.   Please include:   * Your name * Name of your organisation * Date of birth * Certificate number   Please also confirm you give consent for DfE and their appointed delivery supplier/partner to check the status of your DBS. Please select Yes or No. |  |
| I consent for DfE and their appointed delivery supplier/partner to check the status of my DBS.  Yes / No |
| 1. How many hours per term are you able to commit to this role, alongside other commitments? |  |
| 1. In which local authority areas are you able to provide support? (Please list, paying particular reference to the areas identified in the ‘context’ section of this EOI) |  |
| 1. We are looking for a small number of mentors to take part in user research to support the development of our online diagnostic tool.   If you would like to be involved in this please indicate in this box and we will follow up with you, with further details. (Yes / No) |  |
| 1. Please provide the name of your manager/setting owner/head teacher and confirm you have their agreement to take part in this programme. |  |
| I confirm I have my manager/setting owner/head teacher permission to take part in this programme  Yes / No |

Please submit your expression of interest form to the relevant mailbox for your region, by Friday 10th December 2021.

[North.eyrecovery@education.gov.uk](mailto:North.eyrecovery@education.gov.uk)

[LWY.eyrecovery@education.gov.uk](mailto:LWY.eyrecovery@education.gov.uk)

Your application will be assessed by a panel alongside other applications. We expect to respond to you during February 2022. You may also be contacted by us before that date to discuss your capacity and deployment.

We will arrange training for successful applicants where you will have the opportunity to hear more about the programme.

If you have any further queries please email the above mailbox.

We look forward to receiving your application.

Early Years Recovery Team

