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| **GTCS logo_squ blue box (jpeg) (3)** | **NOMINATION FORM**  **GTC Scotland Election** |

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| **PLEASE READ THE NOMINATION GUIDANCE DOCUMENT**  **BEFORE COMPLETING THIS NOMINATION FORM** |

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| **Section A: for proposer and seconder to complete** | |
| Please enter the details of the nominee below. | |
| **Full Name** | Click or tap here to enter text. |

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| **Proposer** | | | |
| Name | Click or tap here to enter text. | Registration Number | Enter 6-digit number. |
| Postal Address held on GTCS Register | Click or tap here to enter text. | Email Address held on GTCS Register | Click or tap here to enter text. |
| Signature (electronic or typed signature is sufficient) | Click or tap here to enter text. | Date of signing | Click or tap to enter a date. |

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| **Seconder** |

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| Name | Click or tap here to enter text. | Registration Number | Click or tap here to enter text. |
| Postal Address held on GTCS Register | Click or tap here to enter text. | Email Address held on GTCS Register | Click or tap here to enter text. |
| Signature (electronic or typed signature is sufficient) | Click or tap here to enter text. | Date of signing | Click or tap to enter a date. |

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| **SECTION B: FOR NOMINEE TO COMPLETE**  **Please ensure that all details below match what we currently hold for you on the register. You can update your details by logging in to your MYGTCS account.** |

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| **PERSONAL AND REGISTRATION DETAILS**  **These details must match those held on the Register or your nomination may not be valid.** | | | | | |
| **Title** | Click or tap here to enter text. | **First and Middle names** | Click or tap here to enter text. | **Last Name** | Click or tap here to enter text. |
| **Registration Number** | | | Enter 6-digit number. | **Date of Birth** | DD/MM/YY |
| **Full Address** | | | Click or tap here to enter text. | | |
| **Postcode** | | | Click or tap here to enter text. | | |
| **Preferred Telephone Number** | | | Click or tap here to enter text. | | |
| **Preferred Email Address** | | | Click or tap here to enter text. | | |
| **Election Category** | | | Choose an item. | | |

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| **EMPLOYMENT DETAILS** | | | |
| **Current or Most Recent Post**  [NB This should be within the two year period preceding 19 September 2025] | | | |
| **Post held** | Click or tap here to enter text. | | |
| **Name and Address of Educational Establishment/**  **Organisation in which Employed** | Click or tap here to enter text. | | |
| **Postcode** | Click or tap here to enter text. | | |
| **Date Employed From** | DD/MM/YY | **Date Employed To** | DD/MM/YY. |

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| **If Seconded from your Current Post** | | | |
| **Post to which Seconded** | Click or tap here to enter text. | | |
| **Name and Address of Educational Establishment/ Organisation to which Seconded** | Click or tap here to enter text. | | |
| **Postcode** | Click or tap here to enter text. | | |
| **Date Seconded From** | DD/MM/YY. | **Date Seconded To** | DD/MM/YY. |

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| **Most Recent Teaching Post in the 2-year period preceding 19 September 2025 (if different to “Current or Most Recent Post” above)** | | | |
| **Post held** | Click or tap here to enter text. | | |
| **Name and Address of Educational Establishment** | Click or tap here to enter text. | | |
| **Postcode** | Click or tap here to enter text. | | |
| **Date Employed From** | DD/MM/YY. | **Date Employed To** | DD/MM/YY. |

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| **Have you been *permanently* employed as a Headteacher in the 2-year period preceding 19 September 2025?** |
| **YES**  **NO** |

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| **QUALIFICATIONS** | |
| **Academic / Professional / Technical Qualifications Held** | Click or tap here to enter text. |
| **Teaching Qualifications Held** | Click or tap here to enter text. |

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| **ELIGIBILITY** | | | | | |
| As part of our election process we need to confirm that you are eligible to be elected. To help us do this, please complete the sections below: | | | | | |
| **Criminal Convictions / Criminal Proceedings Pending** | | | | | **Please Tick the Relevant Box** |
| Do you have any **unspent** criminal convictions or charges pending? | | | | | **YES**  **NO** |
| If you have answered 'yes', please give details below | | | | | |
| Details | Date | | Outcome | | |
| Click or tap here to enter text. | DD/MM/YY. | | Click or tap here to enter text. | | |
| **Other Regulatory Body Proceedings / Proceedings Pending** | | | | | |
| Please list here any disciplinary proceedings taken or pending against you by any professional or regulatory body that you are, or have been, registered with. | | | | | |
| Details | Date | | | Outcome | |
| Click or tap here to enter text. | DD/MM/YY. | | | Click or tap here to enter text. | |
| **Any Other Relevant Information** | | | | | |
| With reference to the eligibility details set out in Note 1 of the Nomination Guidance and Section 6 of the [Code of Conduct and Membership Scheme](https://www.gtcs.org.uk/documents/code-of-conduct-and-membership-scheme), please note below any other information regarding your background that may be relevant to considering your suitability to be a Council Member | | | | | |
| Click or tap here to enter text. | | | | | |
| **Protection of Vulnerable Groups (PVG) Scheme Membership** | | | | | |
| If elected, before serving as a Council member you will require to have satisfactory membership of Scotland’s Protection of Vulnerable Groups Scheme. | | | | | |
| **Are you currently a member of the PVG Scheme in respect of regulated work with:** | | | | | |
| **Children? YES** **NO** | | **Protected Adults?** **YES**  **NO** | | | |
| *Note: If elected, we will provide you with the relevant PVG application form if you are not already a member of the Scheme in respect of both workforces and will meet the associated fee as applicable to Council membership.* | | | | | |

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| **DECLARATION** | | | |
| I confirm to the best of my knowledge and belief that:   * The information given in this Nomination Form is true, complete and accurate; * I have read and understood the criteria for disqualification (as set out in Section 6 of the GTC Scotland [Code of Conduct and Membership Scheme](https://www.gtcs.org.uk/documents/code-of-conduct-and-membership-scheme)) and do not fall within the descriptions of persons specified within those criteria; and * I am eligible to be elected in terms of the [Election Scheme](https://www.gtcs.org.uk/documents/gtc-scotland-election-scheme), including in terms of having been employed (on a part-time or full-time basis) in the category for which I am seeking election, and have disclosed all information relevant to my nomination to stand for election.   I consent to stand in the election and, if elected, am willing to serve as a member of the Council in accordance with the terms of the GTC Scotland [Code of Conduct and Membership Scheme](https://www.gtcs.org.uk/wp-content/uploads/2021/09/code-conduct-membership-scheme.pdf).  I understand that if I am elected, I will be required to be (or become) a member of the Protection of Vulnerable Groups Scheme (PVG).  I understand that if I am elected and any statement or declaration that I have provided as part of my nomination is found to be false, I may be removed from the Council. | | | |
| **Date** | Click or tap to enter a date. | **Signature**  (electronic or typed signature is sufficient) | Click or tap here to enter text. |

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| **SECTION C: Election Statement** | | | |
| In **no more than 100 words** please provide information about your background, interests and reason(s) for seeking election as a member of the Council. | | | |
| Click or tap here to enter text. | | | |
| **Date** | Click or tap to enter a date. | **Signature** (electronic or typed signature is sufficient) | Click or tap here to enter text. |

**IMPORTANT – PLEASE PROCEED TO NEXT PAGE**

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| **GTCS logo_squ blue box (jpeg) (3)** | **SECTION D: CANDIDATE FOR ELECTION – EQUALITY MONITORING FORM** | |
| GTC Scotland promotes equality and diversity because we respect and value difference. We want to ensure that our election process is free from discrimination and equality monitoring information helps us to do this.  **The information provided in this form will be removed from your Nomination Form.** | | |
| **SEX**  What is your sex?  Male  Female  Prefer not to say | | |
| **GENDER**  Do you identify with a gender which is different from your sex?  Yes  No  If yes, please tell us which gender you identify with:  Click or tap here to enter text. | | |
| **AGE**  What was your age on your last birthday?  Under 25  25-34  35-44  45-54  55-64  Over 65  Prefer not to say | | |
| **LONG-TERM HEALTH CONDITION**  This could be anything that affects your health in any way, for example a disability, a mental health condition or any other long-term medical condition.  Do you consider yourself to have a long-term health condition?  Yes  No  Prefer not to say  If you would like to tell us about your health condition, please use the space below  Click or tap here to enter text. | | |
| **SEXUAL ORIENTATION**  What is your sexual orientation? | | |
| Bisexual  Lesbian/Gay  Heterosexual | | Other, please specify  Click or tap here to enter text.  Prefer not to say |
| **PREGNANCY AND MATERNITY**  Have you been pregnant within the last two years?  Yes  No  Prefer not to say | | |

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| **ETHNIC GROUP**  **Choose ONE section from A to E, then tick ONE box which best describes your ethnic group or background.** | | |
| **A White**  Scottish  English  Welsh  Northern Irish  British  Irish  Gypsy/Traveller  Polish  Any other white ethnic group, please specify  Click or tap here to enter text.  **B Asian, Asian Scottish or Asian British**  Pakistani, Pakistani Scottish or Pakistani British  Indian, Indian Scottish or Indian British  Bangladeshi, Bangladeshi Scottish or Bangladeshi British  Chinese, Chinese Scottish or Chinese British  Other, please specify  Click or tap here to enter text. | | **C African, Caribbean or Black**  African, African Scottish or African British  Caribbean, Caribbean Scottish or Caribbean British  Black, Black Scottish or Black British  Other, please specify  Click or tap here to enter text.  **D Mixed or multiple ethnic groups**  Any mixed or multiple ethnic groups, please specify  Click or tap here to enter text.  **E Other ethnic group**  Arab  Jewish  Other, please specify  Click or tap here to enter text.  Prefer not to say |
| **RELIGION / BELIEF**  What religion, religious denomination or body do you belong to? | | |
| None  Church of Scotland  Roman Catholic  Other Christian  Muslim  Buddhist | | Jewish  Hindu  Pagan  Other, please specify  Click or tap here to enter text.  Prefer not to say |
| **MARRIAGE AND CIVIL PARTNERSHIP**  Are you in a Marriage or Civil Partnership? | | |
| Marriage  Civil Partnership | No  Prefer not to say | |
| **CARERS**  Do you have any caring responsibilities?  (tick all that apply)  None  Primary carer of a child or children (under 18 years)  Primary carer of a disabled child or children  Primary carer or assistant for a disabled adult (18 years and over)  Primary carer or assistant for an older person or people (65 years and over)  Secondary carer (another person carries out main caring role)  Prefer not to say | | |