NOMINATION FORM
GTC Scotland Co-option
Teacher/lecturer in the further education sector in Scotland

PLEASE READ THE NOMINATION GUIDANCE DOCUMENT BEFORE COMPLETING THIS NOMINATION FORM

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.

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.

Seconder			
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.

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.

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.		

EMPLOYMENT DETAILS

Current or Most Recent Post

[NB This should be within the two year period preceding 1 July 2026]

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.

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.

Most Recent Teaching Post in the 2-year period preceding 1 July 2026 (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.

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

ELIGIBILITY

As part of our co-option process we need to confirm that you are eligible to be co-opted. 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, 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 co-opted, 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.	

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) and do not fall within the descriptions of persons specified within those criteria; and
- I am eligible to be co-opted in terms of the 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 co-option, and have disclosed all information relevant to my nomination for co-option.

I consent to stand for co-option and, if successful, 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.

I understand that if I am co-opted, I will be required to be (or become) a member of the Protection of Vulnerable Groups Scheme (PVG).

I understand that if I am co-opted 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.

SECTION C: CO-OPTION STATEMENT

In **no more than 100 words** please provide information about your background, interests and reason(s) for seeking co-option 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.