



INDUCTION FUNDING CLAIM FORM

This form must be completed and returned to the **Education Workforce Council (EWC)**, at the end of each academic term during which the teacher is undertaking induction.

Please email to: professionaldevelopment@ewc.wales (copying all parties into the email in lieu of signatures)

A copy should be retained by the school and by the NQT.

This form should only be submitted if the school has previously submitted an Induction Notification Form to the EWC for this teacher. The EWC will compare the information provided on this form with the information provided by the school on the Induction Notification Form in order to calculate the amount of induction funding to release to the school and update the NQTs induction session information. If any of the information provided to the EWC on the Induction Notification Form has changed the school should submit supplementary information in the relevant box in Section 4.

Section 1 INDUCTION TEACHER'S PERSONAL DETAILS			
Name Date of birth	Teacher reference number		
Section 2 EMPLOYMENT DETAILS			
School name LA name			
Section 3 INDUCTION SESSIONS COMPLETED			
Please indicate below the number of sessions completed by the <u>academic term</u> . One school session is defined as one morning on the No of sessions completed based upon NQT's contract Part time teachers only — if the teacher is employed on a part to contract but has completed additional supply work at the school which the school has provided the corresponding statutory industry industry, please record the number of additional sessions in this No of sessions of paid absence, if relevant	ime ol, for		
Please provide the exact term dates during which these sessions were completed.			
From (dd/mm/yyyy) To (dd/mr	m/yyyy)		
Will this teacher be continuing employment at the school?	Yes No		
If yes, when is the employment due to end?			
If no, please confirm the NQT's new employment details			
PTO – Declarations page overleaf which must be signed in order for funding to be released and for the session information to be recorded on the NQT's record			

Section 4 CHANGES				
Please indicate in the box below if there have been any changes to the NQT's contract since the submission of the Induction Notification Form or any significant information which may impact on the sessions completed by this NQT.				
Section 5 DECLARAT	IONS - IMPORTANT			
Please ensure that all parties read and sign the following declarations. The Welsh Government provides schools with induction funding to assist with the provision of the statutory entitlement of NQT's to a 10% reduction in their teaching time (in addition to their PPA time) and induction mentor support, therefore, in signing below, you are confirming that the school has made this provision.				
You are also confirm	ng that you have fulfilled your role in maintaini	ng an online	Induction Profile.	
The Headteacher's signature is necessary to enable the LA/AB to verify the NQT has completed the induction sessions.				
INDUCTION TEACHE	R'S DECLARATION			
I confirm that I have completed the number of sessions as recorded overleaf during the academic term. I also confirm that I have received the statutory induction support from the school, including the benefit of a 10% reduced teaching time (over and above the statutory non-contact time for PPA), the support of an induction mentor and that I have been maintaining my online Induction Profile.				
Induction teacher's signature		Date		
INDUCTION MENTO	R'S AND HEADTEACHER'S DECLARATION			
I confirm that the aforementioned teacher has completed the number of sessions as recorded overleaf during the academic term. I also confirm that the teacher, based upon this number of sessions, has received the statutory induction support from the school, including the benefit of a 10% reduced teaching time (over and above the statutory non-contact time for PPA), the support of an induction mentor and that I have fulfilled my role in assisting the teacher to maintain an online Induction Profile.				
Induction mentor's signature		Date		
Full name				
Email address				
The EWC may need to contact you with queries relating to the details noted on this form				
_	T has been employed as a teacher for the num	ber of session	ons stated on this form	
Headteacher's signature		Date		
Full name				
In the absence of the Team	Headteacher the form must be signed by a me	mber of the	Senior Leadership	

The data supplied will be used to update your record on the Register of Education Practitioners which we have a legal obligation to maintain. Our privacy notice (available at www.ewc.wales) explains why we record your data on the Register and how it is used. Your privacy is our priority, we take pride in processing your information fairly, lawfully and securely in accordance with the General Data Protection Regulations and the Data Protection Act 2018 relevant data protection legislation. Thank you for helping us.

Please contact media@ewc.wales to receive a copy of this form in another format.

The data (provided on this form and additional data held on the Register of Education Practitioners in Wales) will be shared with selected third parties including Induction Mentors, Induction Validators, regional education consortia/LAs in order that they may perform their role as the Appropriate Body in induction, the Welsh Government and any organisations contracted to work on behalf of the Welsh Government. No details will be passed to external organisations for marketing purposes without the prior consent of the teacher.