**Application for a prohibition order to be set aside**

**Your details:**

Please give as much information as you can. Missing details could result in your application being delayed.

|  |  |
| --- | --- |
| Surname |  |
| Forenames |  |
| Maiden/former name (if applicable) |  |
| Date of birth |  |
| Teacher reference number |  |
| Address |  |
| Main contact number  |  |
| Alternative phone number |  |
| Mobile phone number |  |
| Email address |  |

**Representative details:**

Please provide as much information as you can.

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone number  |  |
| Email address |  |
| Trade union, solicitor or counsel?(please specify) |  |
| If you are not represented, do you intend to seek representation? |  |
| Preferred method of communication  | Applicant only Applicant and representative Representative only (*delete as appropriate*) |

**Employment details**

Please provide complete employment history details, whether paid or voluntary since you received the prohibition order. We retain the right to contact your previous or current employers for a reference or to confirm employment dates are accurate and, subject to your response in the Secretary of State, DBS actions or criminal offences section to confirm that you have not been the subject of proven misconduct.

|  |  |  |  |
| --- | --- | --- | --- |
| Name, address, and contact details of employer.  | Role  | Employed from | Employed to |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Relevant training**

Please provide details of any relevant training you have undertaken since you received the prohibition order. To support your application, we may contact the training provider to confirm the successful completion of the training you have listed, and also to verify course content.

|  |  |  |  |
| --- | --- | --- | --- |
| Training | Name, address, and contact details of the course provider | Date completed | Additional details (including content, modules undertaken) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Details of referees**

To apply for your prohibition order to be set aside, we will send your nominated referees a copy of the full written decision from the case leading to your prohibition order.

**Please provide as much information as you can. You are required to nominate 3 referees.**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone number |  |
| Email address  |  |
| How do you know this referee?  |  |
| Length of relationship |  |

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone number |  |
| Email address  |  |
| How do you know this referee?  |  |
| Length of relationship |  |

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone number |  |
| Email address  |  |
| How do you know this referee?  |  |
| Length of relationship |  |

|  |
| --- |
| **Why are you applying for this prohibition order to be set aside?**Please note that the information you provide here will assist the panel in considering your application. Please continue on separate sheets as necessary.  |

**Secretary of State, DBS actions or criminal offences**

**Please answer the following questions:**

1. Have you been the subject of a bar, warning or other action by the Secretary of State for Education or by the Disclosure and Barring Service (DBS) since receiving the prohibition order?

Yes / No (*delete as appropriate*)

|  |
| --- |
| If so, give details, including the sanction, date, and reason. |

1. Have you been convicted of a criminal offence, including motoring offences, since receiving the prohibition order or do you have any criminal charges or proceedings pending against you?

Yes / No (*delete as appropriate*)

We will request a police report detailing any cautions or convictions held against you. We will provide a copy of this report to the panel for their consideration.

|  |
| --- |
| If so, give details, including the sanction, date, reason and identification of the authority, police force or court concerned.  |

1. Have you been the subject of any disciplinary sanction by any professional or regulatory body in this country or abroad since receiving the prohibition order or are you subject to investigation by such a body?

Yes / No (*delete as appropriate*)

|  |
| --- |
| If so, give details, including the name of the body, the sanction (if any), date and reason. |

1. Is there a current disciplinary finding against you or are you the subject of an employer’s disciplinary investigation?

Yes / No (*delete as appropriate*)

|  |
| --- |
| If so, give details, including the employer, the sanction (if any), date and reason. |

1. Is there any other information we should know about which may have a bearing upon your application? Relevant information could include involvement in activities which could bring the reputation of the profession into disrepute.

|  |
| --- |
|  |

In accordance with Regulation 16(4) of The Teacher’s Disciplinary (England) Regulations 2012, we (on behalf of the Secretary of State) must decide whether to allow this application, or, refer the matter to a professional conduct panel for a recommendation as to whether the prohibition order should be set aside.

Would you like this matter to be considered without a hearing?

Yes / No (*delete as appropriate*)

**Declaration:**

The information I have provided is true to the best of my knowledge and belief. I understand that if any information submitted proves to be false, the panel will take it into consideration when considering my application for my prohibition order to be set aside.

I consent to the full written decision of my prohibition be sent to my nominated referees. Yes / No (*delete as appropriate*)

I consent to my employers being contacted to verify my employment and, where necessary, to confirm I have not been the subject of proven misconduct. Yes / No (*delete as appropriate*)

**Signed………………………………………………………………………….**

**Date……………………………………………………………………………..**

**Please return the completed form to** **misconduct.teacher@education.gov.uk****.**