

**TEACHER SALARY ASSESSMENT PROFILE**

THIS FORM MUST BE COMPLETED IN FULL TO ASSESS YOUR TEACHING RATE OF PAY

Payroll Reference: ……………….

Surname: ………………………. Forename: ……………………….. Title:………

Previous Name(s) ………….……….…………… Teacher Ref. Number:

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National Insurance Number: ………………..…..…… Date of Birth: ….………....…….….

**EDUCATION / TRAINING / QUALIFICATIONS**

College/University - Degree/Teaching Qualifications or other Qualification (with Dates)

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**TEACHING EXPERIENCE** (do not include PGCE / Bachelor of Education placements)

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| --- | --- | --- | --- | --- |
| State LEA(where applicable) | Name and Type ofSchool/College | Scale/ Spinepoint andSalary | Full orPart-time proportion (ie 0.50) | Date of Service |
| From | To |
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**OTHER EMPLOYMENT** (Must be completed for any incremental credit to be considered)

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| --- | --- | --- | --- |
| Employer | Position Held | Full orPart-time | Date ofEmployment |
| From | To |
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Please attach verification of any ‘other employment’ or independent school teaching if you have no subsequent teaching experience in a local education authority. However, do not delay returning this form if verification is not readily available.

**Please return form to:**

Signature: Date: