**Data Protection Statement**

We will use the information you provide to meet our contractual obligations under your employment contract. As part of this we will share your personal information with internal service areas and external organisations who provide services on our behalf. More information on how we handle personal information and your rights under the data protection Law can be found in our Privacy Notice [[link to full version](https://www.coventry.gov.uk/HRtradedservicesprivacynotice)].

We will keep all information you provide confidential and treat it in accordance with the requirements of Data Protection Law.

**Appendix 1**

**Upper Pay Range Application Form**

**Teacher’s Details:**

|  |  |
| --- | --- |
| **Name:** |  |
| **School:** |  | **Post Number:** |  |

Applications will be successful where the relevant body (as defined in the current year’s School teachers' pay and conditions statutory guidance [STPCD](https://www.gov.uk/government/publications/school-teachers-pay-and-conditions-2013), but usually the governing body) is satisfied that both of the following criteria are met:

1. you are highly competent in all elements of the relevant standards (in England, these are the [Teachers’ Standards](https://www.gov.uk/government/collections/teachers-standards)); and
2. your achievements and contribution to an educational setting or settings are substantial and sustained

**PM/Appraisal Details:**

* Years covered by planning/review statements:
* Schools covered by planning/review statements:
* Additional evidence

**Declaration:**

I confirm that at the date of this request for assessment to progress to the Upper Pay Range I meet the eligibility criteria and I submit performance management/appraisal planning and review statements to support this application.

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant’s Signature:** |  | Date: | Click or tap to enter a date. |

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**Appendix 2**

**Upper Pay Range Threshold and Post Threshold Assessment**

|  |  |
| --- | --- |
| **Name of School/Unit:** |  |
| **Effective Date (must be provided) :** |  |

Please accept this notification as authority to progress the following named teacher to (please check the appropriate box below):

UPR1 [ ]

UPR2 [ ]

UPR3 [ ]

|  |  |
| --- | --- |
| **Teacher’s Name:** |  |

I confirm that this teacher has met the relevant criteria to progress to the level indicated above.

|  |  |
| --- | --- |
| **Please provide the value of the salary point:** | £ |

|  |  |
| --- | --- |
| **Date approved by Chair/Board Governors** | Click or tap to enter a date. |

|  |  |
| --- | --- |
| **Signature of Chair/ member of Board of Governors** |  |

**Please upload this completed form to the digital Teachers Variation form.**

You should keep a copy of this form for your own records