

# The Dyslexia Guild

## Assessment Practising Certificate

APPLICATION FORM via Route 2: APL/APE

<b>Personal Details</b>	
Full Name:	Title: Mr/Mrs/Miss/Ms/Other:
All Previous Surnames:	Guild No:
Current Address:	Telephone No:
	Mobile Tel. No:
	Fax No:
Post Code:	Email Address:

<b>Route 2 is for people whose qualifications are out of date but whose competences are not. Applicants are required to have experience in providing full diagnostic assessments over a period of 7 years PRIOR to their application or Assessment Practising Certificate.</b>
Give details of training you have received on psychometric assessment
Give details of the SpLD course(s) you have followed, including dates and qualification
DFES Reference No and/or title of relevant professional qualification(s)

<b>Declaration: Please read &amp; tick each box, once completed, please sign &amp; date</b>	
<input type="checkbox"/>	I confirm that the information provided is true and accurate.
<input type="checkbox"/>	I agree to work within the current legislation and guidance relating to SpLD
<input type="checkbox"/>	I agree to abide by the Code of Practice.
<input type="checkbox"/>	I understand that the decision of the Dyslexia Action Practising Certificate Board is final.

	I understand that I must be indemnified before carrying our assessments for DSA.
	I agree to maintain CPD and understand that this is a condition of renewal.
	I am a member of the Dyslexia Guild and agree to maintain this membership during the period for which my Practising Certificate is valid.
	I agree to pay the fee of £175 for the review of evidence submitted under the route 2 application and understand that this is <b>not refundable</b> .
	I agree to pay the fee of £90 if the review of evidence leads to the issuance of the APC.
	I have enclosed all relevant evidence and documentation as detailed in the Route 2 checklist of enclosures

Note: if the review of evidence does not lead to issuing the APC the 2<sup>nd</sup> fee of £90 will be refunded.

Signature:.....

Date:.....

**Please return your application form & fee plus supporting documents to:**

**Practising Certificate Application  
The Dyslexia Guild  
Dyslexia Action  
Park House  
Wick Road  
Egham  
TW20 0HH**

**Tel: +44(0)1784 222304 Fax: +44(0)1 784 772512**  
**Email: [guild@dyslexiaaction.org.uk](mailto:guild@dyslexiaaction.org.uk)**

**\* Cheques should be made payable to Dyslexia Action**

**Credit / Debit Card: To make a payment by Credit / Debit card please telephone +44 (0)1784 222304**