

## DYSLEXIA ACTION PROGRAMME

### APPLICATION FORM

Please see entry criteria within course outlines on website for before completing this application form.

Please indicate which course you are applying for. Details of codes and course titles are on the website in the *Courses Available* section.

<i>Course Code</i>	<i>Course Title</i>	<i>Location</i>	<i>Start Date</i>

*Please Note: Venues/ dates are subject to change, please check our Website or ring 01784 222304 for updates*

<b>Personal Details</b> <small>(PLEASE PRINT DETAILS CLEARLY IN THIS SECTION)</small>			
Surname:	Title: Mr/Mrs/Miss/Ms/Other:	Female	Male
First Names:	All Previous Surnames:		
Address:	Telephone No:		
	Mobile Tel. No:		
	Email Address:		
Post Code:			
Name of school/college/other:	Organisation address to be invoiced (if applicable)		
Telephone No:	Organisation e-mail:		
Are you currently a member of the Dyslexia Action Guild? Please state			



**Details of Work: Please list current position first:**

Dates	Please give details of your last 3 positions	Age of Pupils if applicable	Full Time	Part Time

**Please summarise any other work experience (including voluntary work)**

**How would you use the training upon completion of the course?**

**Miscellaneous Details**

Are you able to write fluently in English?	<b>YES/NO</b>
<b>Special Considerations:</b> For example: Scotopic sensitivity, Dyslexia etc? How might this affect your work on the course? What could we do to help? Please give details:	
How did you hear about the course?	

**Financial Details**

**PLEASE READ & TICK EACH BOX. ONCE COMPLETED, PLEASE SIGN & DATE**

I understand that the course fees must be received in full, on or before the first day of the course, and are non-refundable.	
I agree that I will not reproduce any part of the course without written permission.	
I understand that the course curriculum may be changed and / or updated from year to year.	
I understand that my work may be copied and used for training and moderation purposes.	
I confirm that I have completed this application form myself.	
I confirm that I have complied with the reference requirements.	

<p><b><i>IMPORTANT INFORMATION - CRIMINAL RECORDS BUREAU CHECKS</i></b></p> <p>I agree to Dyslexia Action seeking Criminal Records Bureau (CRB) Disclosure if required.</p> <p>Signature..... Date.....</p> <p style="text-align: center;"><b>Further information about the disclosure scheme can be found at <a href="http://www.disclosure.uk">www.disclosure.uk</a> Tel. No. 0870 9090811 and on Dyslexia Action website <a href="http://www.dyslexiaaction.org.uk">www.dyslexiaaction.org.uk</a></b></p>
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**Please tick as appropriate**

I enclose a cheque for £.....	
I am paying by Credit Card	
I wish to pay by Standing Order (additional charge for standing order is £50.00)	
My Local Authority / school / college is paying my course fee:  Please either send the purchase order with the application form OR Enter PO number	

**Please include the authorisation from your Line Manager with the application (where applicable)**

**Applications for ALL courses should be received no later than 1 month preceding the actual course start date. Please refer the website for this information.**

**Signature: ..... Date: .....**

<p><b>Please return your application form by post, fax or by scanning and emailing to:</b></p> <p><b>Course Application Dyslexia Action Training, Park House, Wick Road, Egham, Surrey, TW20 0HH Tel: 01784 222304 - Fax: 01784 772512 Email: <a href="mailto:trainingcourses@dyslexiaaction.org.uk">trainingcourses@dyslexiaaction.org.uk</a> - Website: <a href="http://www.dyslexiaaction.org.uk">www.dyslexiaaction.org.uk</a></b></p> <p><b>You will receive email acknowledgement of receipt of your application and so are requested to enable mail from Dyslexia Action to be accepted by your e-mailbox.</b></p>
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## REFERENCES

Your referee should be your **Head Teacher, Employer or Line Manager**.  
If you are a parent or not employed, please ask a professional person,  
who knows you well, to complete this part of the form.

### PLEASE NOTE: REFEREES MUST NOT BE A FAMILY MEMBER

Please detach this page, fill in your name and the course details in the box below  
and hand it to your referee to complete.

**He/she should return it to us as soon as possible.**

Reference for: (student name)	Course Code:	Applying for: (Course Title)	Date:	Location:

Do you consider the student named above to be a suitable candidate for the course applied for?	YES	NO
Applicable for the Teaching Assistant course (TA3): Please indicate that this student has a good standard of spoken English and that they are currently working within a school situation.	YES	NO
Applicable for the Techniques for Teaching Maths course (MT3): Please indicate that this student has a good standard of spoken English and Maths and that they are currently working within a school situation.	YES	NO
Do you consider that he/she is capable of academic work at level relevant to the course?	YES	NO
Do you know of any reason why he/she should not work with pupils/students/adult learners on a one to one basis?	YES	NO
Will he/she be able to carry out the required practical work in school/college? (only answer if appropriate)	YES	NO
Please add a comment		

### PLEASE CLEARLY PRINT DETAILS IN THIS SECTION

Name:	Position Held
Address:	Telephone Number:
	Email address:
<b>Please return to:</b> Dyslexia Action Training, Park House, Wick Road, Egham, Surrey, TW20 0HH Fax: +44 (0)1784 772512	

Signed..... Date.....

## Confidential - Personal Information

We are required to make an anonymised statistical return to The Teaching Development Agency.

This information is treated by Dyslexia Action as strictly confidential and is used for no other purpose.

Dyslexia Action is registered as a user under the Data Protection Act. Data provided is subject to the safeguards provided by the Act.

<b>Ethnicity</b>	<b>Disability</b>
Tick one box to indicate origin  <input type="checkbox"/> White <input type="checkbox"/> Irish Traveller <input type="checkbox"/> Black or British Caribbean <input type="checkbox"/> Black or British African <input type="checkbox"/> Other Black Background <input type="checkbox"/> Asian or Asian British - Indian <input type="checkbox"/> Asian or Asian British – Pakistani <input type="checkbox"/> Asian or Asian British - Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian <input type="checkbox"/> Mixed – White & Black Caribbean <input type="checkbox"/> Mixed – White & Black African <input type="checkbox"/> Mixed – White & Asian <input type="checkbox"/> Other Mixed Background <input type="checkbox"/> Other Ethnic Background <input type="checkbox"/> Undeclared	Tick one box  <input type="checkbox"/> Blind/partially sighted <input type="checkbox"/> Deaf/have hearing impairment <input type="checkbox"/> Wheelchair user/have mobility difficulties <input type="checkbox"/> Personal Care Support <input type="checkbox"/> Mental Health Difficulties <input type="checkbox"/> Unseen disability, e.g. diabetes, epilepsy, asthma <input type="checkbox"/> Multiple disabilities <input type="checkbox"/> Autistic Spectrum Disorder <input type="checkbox"/> A specific learning difficulty e.g. Dyslexia, Dyscalculia <input type="checkbox"/> A disability not listed above <input type="checkbox"/> Undeclared  Are you registered disabled? Y / N