

## DYSLEXIA ACTION SHORT COURSES 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.

Course Code	Course Title	Course Start Date	Location/E-learning	Fee

**A sandwich lunch may be provided on some courses. Please indicate if you have any special dietary requirements**

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### Personal Details

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 e-mail:				
	Telephone No:				

### Education and Qualifications

Higher/Further Education Institution:	Dates	Qualification	Main Subjects:

Other professional qualifications			
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Please give details of Dyslexia Action courses completed with start dates:

Current Employment:

Other Recent Employment:

Please state briefly why you wish to do this course:

**Disability:** (this information will not be used to discriminate against you but you are obliged to disclose any known or suspected disability that may affect your ability to do the course)

Do you have any disabilities which may affect your application/ability to do the course?	YES		NO		
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**And also describe:**  
Any reasonable adjustments which you feel should be made to the application process or to help you on the course itself.

<b>Please indicate if you are:</b>	
A Dyslexia Action Teacher? If Yes at which centre?	
Please indicate who is paying your course fee?	
Are you a member of the Dyslexia Action Guild?	

**Please tick as appropriate**

I enclose a cheque for £.....		
I am paying by Credit Card and will telephone the Training Office within 10 days of receiving an invoice for the course.		
I enclose a purchase order from my Local Authority /school/college who agrees to pay my fees:		
PURCHASE ORDER NUMBER: <b>Please attach Purchase Order to application</b>		
Organisation address to be invoiced (if applicable)		

**Please include the authorisation from your Line Manager with the application (if applicable for the course)**

Signature:	Date:
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**Please return your application form to:**

**Dyslexia Action Training,  
Park House, Wick Road,  
Egham, Surrey,  
TW20 0HH**

**Tel: +44 (0)1784 222304 - Fax: +44 (0)1784 772512**

**Email: [trainingcourses@dyslexiaaction.org.uk](mailto:trainingcourses@dyslexiaaction.org.uk)**

**Website: [www.dyslexiaaction.org.uk](http://www.dyslexiaaction.org.uk)**

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