

## **Postgraduate Courses Additional Information Form**

#### Please use BLOCK CAPITALS and black ink

Course Applied For (e	nter iviodule an	ia start dat	te as appropriate)
	Module	odule September 20	
Postgraduate Certificate	Module	Januar	y 20
	Module	April 20	)
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Postgraduate Diploma	Module		nber 20
1 ootgradatto 2 proma	Module	Januar	•
	Module	April 20	D
1. Personal Details			
Family Name:			Title: Mr/Mrs/Miss/Ms/Other:
First Names:			Date of Birth:
Any Previous Family Names:			
Name a leveralista con coi de la la la como	l la mana	Talambana	NI. was la aux
Name by which you wish to be known:	Home	Telephone	e Number:
Current Address:	Mobile	Telephon	e Number
	Work T	elephone	Number
		•	
	F "	۸ - ا - ا	
	Email A	Address:	

<ul> <li>Please use this page to complete a record of y</li> <li>You must also attach scanned copies of any your application e.g. degree, teaching qualification</li> </ul>	Higher Education certificates or transcripts with
2a. Higher Education Qualifications	
What will your highest qualification be when you start the Postgraduate programme?	
In what year was this highest qualification achieved?	
Do you hold any of the following? (Please tick)	Teacher Reference No: (if applicable)
□ QTS □ QTLS □ ATLS □Other	
If 'Other' please give details	
2b. University Level Qualifications / Currer	nt Study
2c. Pre-University Qualifications	

2. Qualifications

Dat	es			Full	Part
From:	To:	Employer	Occupation	Time / Part Time	Time (Hours

4. English Language					
Use this page to tell us about your English Language skills.					
Is English your first language?		Yes		No	
If 'Yes' proceed to Section 5					
If 'No', please complete the rest of the qu	uestions in Secti	on 4.			
What is your first language?					
Was your first degree studied in English'	?	Yes		No	
Please indicate how many years you have	ve spent studyin	g English:			
At School (in years)	At University (i	(in years) Other		r (in years)	
Please provide details of your English Language qualifications and information about any English language test taken.  Please tell us about each sub-test result, if relevant, one at a time.  Make sure you tell us the name of the test and the date that you took it.					
Name of Test					
Date of Test	Overa	all Result			
Please provide details of any sub-tests a	and grades (if ap	plicable).			

5. Application Statement (no more than 500 words in total)			
Why do you wish to study for this course?			
What relevant experience do you bring to this course?			
How do you hope this course will develop your skills and knowledge?			

What skills or knowledge do you bring to this course?
Have you engaged in any academic study recently? What did you gain from this?
How will your existing academic skills help you in working at Masters level?
Do you have any existing knowledge or qualifications relating to dyslexia?
bo you have any existing knowledge of qualifications relating to dyslexia:
Do you have any prior experience of e-learning and how do you feel about this aspect of the
course?

How will this course help you meet your personal / career aims in the future?
How do you hope to use the knowledge and skills gained in your work?
6. Application Essay  This is a Masters level course and you are asked to submit an essay with your application to show that you are aware of the level of writing required. The essay title is:  What is Dyslexia?
<ul> <li>Please write the essay following these guidelines:</li> <li>The essay must be no more than 1000 words in length.</li> <li>Write in an academic style, using the third person only.</li> <li>You will be expected to show that you have referred to books, articles and web pages for reference.</li> <li>Cite all references used at the end of the essay.</li> <li>Check for paragraphing, spelling and grammatical errors.</li> <li>Please note that this essay will be checked for plagiarism. Please do not copy and paste content from the web or other publications. This should be your own work.</li> </ul>

Enter your essay here – maximum 1000 words: What is Dyslexia?

7. References	
Please nominate two people (other than relatives)	
must relate to your most recent employment of both references.	or study. We reserve the right to take up one or
	and — a
1 <sup>st</sup> Referee	2 <sup>nd</sup> Referee
Name:	Name:
Occupation:	Occupation:
Company:	Company:
Full Postal Address:	Full Postal Address:
Telephone. No:	Telephone No:
Email:	Email:
Relationship:	Relationship:

#### 8. Declaration.

Please note that by completing and submitting this application form you are agreeing to the following:

I understand that each Module fee must be received in full on, or before, the Module release date.

I undertake that I must adhere to decisions made by the Board of Studies relating to the course.

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.

Data		
Date	 	

# You will need to upload your completed form when you make your online application.

### **Contact details:**

pgmail@dyslexiaaction.org.uk

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