

DYSLEXIA ACTION POSTGRADUATE COURSES

Validated by the University of York

APPLICATION FORM



PLEASE COMPLETE IN BLACK INK

| Course Applied For: | | |
|---|------------------|--------------------------|
| Post Graduate E-Learning Certificate – PG/CBL Please mark (x) start date as appropriate | February 20..... | <input type="checkbox"/> |
| | October 20..... | <input type="checkbox"/> |

| Personal Details | | | | | |
|---|---|----------------|--------------------------|------|--------------------------|
| Surname: | Title: Mr/Mrs/Miss/Ms/Other: | Female | <input type="checkbox"/> | Male | <input type="checkbox"/> |
| First Names: First name by which you would like to be addressed: | All Previous Surnames: | Date of birth: | | | |
| Current Address: | Telephone No: | | | | |
| | Mobile Tel. No: | | | | |
| | Fax No: | | | | |
| Post Code: | Email Address: (it is essential to have your own personal e-mail address if you are contemplating an E-Learning Course) | | | | |
| Nationality: | Will you be resident in the UK at the start of the course? | | | | |

| Education & Professional Training | | | | |
|---|-----|-------------------------------|-----------------|----------------------|
| Please give details of courses and qualifications gained at University and/or College | | | | |
| Dates of attendance | | Name of University or College | Courses studied | Qualification gained |
| From: | To: | | | |
| | | | | |

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|---|---------|-----|---------|----|----------|---|-------------------------|--|----------|--|----------|--|-----------|--|---------|
| Do you hold Qualified Teacher Status. (QTS or QTLS)? Please mark as (x) | | Yes | | No | | Date Awarded Status: | | | | | | | | | |
| | QTS | | | | | | | | | | | | | | |
| | QTLS | | | | | | | | | | | | | | |
| Which sector: | School | | | FE | HE | DFES No (if applicable): | | | | | | | | | |
| Please give details of current employment | | | | | | Please tick type of current employment | | | | | | | | | |
| Do you work in the maintained or independent schools sector? Yes / no / both. If both please indicate proportion of time in each. | | | | | | Primary Maintained | Primary Independent | | | | | | | | |
| | | | | | | Secondary Maintained | Secondary Independent | | | | | | | | |
| Job title and full address of present school / College: | | | | | | FE | Overseas | | | | | | | | |
| | | | | | | HE | Early Years Maintained | | | | | | | | |
| | | | | | | Pupil Referral Unit | Early Years Independent | | | | | | | | |
| Please mark (x) below alongside the number of years teaching experience that you have: | | | | | | | | | | | | | | | |
| Number of years teaching experience | 1-4 yrs | | 5-9 yrs | | 10-14yrs | | 15-19yrs | | 20-24yrs | | 25-30yrs | | 30-34 yrs | | 35+ yrs |
| Please mark here (x) if not currently working | | | | | | | | | | | | | | | |

| Current and previous teaching experience: | | | | | | | |
|--|------------|--|----------------|------------|---------------------|------------------|-----------------------------------|
| Dates | | School/University/ College & Location | Subject | Age | No. in Group | Full Time | Part Time (% of full time) |
| From: | To: | | | | | | |
| | | | | | | | |

Other Work Experience (please include any voluntary work)

This Dyslexia Action course is delivered at Masters Level and demands a minimum of 15 hours study time per week throughout the period of the course. Please state whether you expect to be engaged in any concurrent study at the start of the Certificate course and how you intend to timetable your study.

Please write a statement of between 750 and 1000 words (on a separate sheet) stating:

- what you understand by dyslexia as indicated by your reading and research
- why you are applying for this course
- how you envisage using the knowledge and experience you gain from this course for your future progress and professional development.

An academic style of writing will be expected.

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.

| Ethnicity | Disability |
|---|--|
| Tick one box to indicate origin | Tick one box |
| <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 | <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 |

| Miscellaneous Details | | | | |
|---|-----|--|----|--|
| Is English your first language | YES | | NO | If no, please state here what qualifications/experience you have in English. |
| Are you a Dyslexia Action Guild Member? | YES | | NO | If no, please note that you will automatically become a Guild Member for the duration of the course. |
| How did you hear about the course? | | | | |

| Referees | |
|--|--------------------------------------|
| Please nominate two persons (other than relatives) who have agreed to act as your referee. One must relate to your most recent employment. It is important to provide an email address for both referees. | |
| Name: | Name: |
| Occupation: | Occupation: |
| Company name (address not required): | Company name (address not required): |
| Company postcode: | Company postcode: |
| Email (mandatory): | Email (mandatory): |
| Tel no: | Tel no: |
| Fax: | Fax: |
| Relationship: | Relationship: |

| 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 | |
| If Yes, please describe these disabilities: | | | | |
| And also describe: Any reasonable adjustments which you feel should be made to the application process or to help you on the course itself. | | | | |

| Dietary Requirements – this information is needed for the residential induction school. |
|---|
| Do you have any special dietary requirements? e.g. Vegetarian/Vegan If so, please state here. |

| Financial Details | | | |
|--|---|----------|-------|
| Who will pay your tuition fees? | Self | Employer | Other |
| If a combination, please indicate %. | | | |
| Please mark method of payment: (Please do not delay your application if some of this information is not yet available.) | | | |
| | Cheque | | |
| | Credit Card | | |
| | Standing Order (NB this is only available to individuals paying for themselves and will incur an additional charge) | | |
| | Other – please state | | |
| Please state name and address for invoice: NB: If you are applying to be sponsored by your employer. Please put the sponsoring organisation/authority address here | | | |
| | | | |

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|--|--|
| Please tick the boxes to show that you understand the following: | |
| I am aware that the course demands a minimum of 15 hours study per week | |
| I am aware that if I am in receipt of DCSF funding, this does NOT cover the cost of course materials which is approximately £500 | |

| | |
|--|--|
| Documentation to include with your application: | |
| Copy of your degree and/or teaching qualifications | |
| Your application statement (see page 2) | |

Signature.....

Print Name.....

Date.....

| |
|---|
| <p>Please return your application form either by post or by scanning and emailing to:</p> <p>PG Certificate Application Dyslexia Action Training Park House, Wick Road Egham, Surrey TW20 0HH</p> <p>Tel: +44 (0)1784 222304 - Fax: + 44 (0)1784 222393 Email: trainingcourses@dyslexiaaction.org.uk Website: www.dyslexiaaction.org.uk</p> <p>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.</p> |
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