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| **DYSLEXIA GUILD APC APPLICATION: All routes APC Application Agreement** | | |
| Please tick each section relevant to your application. Upload the completed form when you apply for an APC to confirm your agreement. | | |
| **NAME:** | **Date:** | **✔** |
| I am a member of the Dyslexia Guild and agree to maintain this membership during the period for which my Assessment Practising Certificate is valid. | |  |
| I have read the Dyslexia Guild Code of Practice and agree to abide by it. | |  |
| I confirm that the qualification information I have submitted is genuine and accurate. | |  |
| I understand that the decision of the Dyslexia Action APC Assessment Board is final and that application fees are not refundable. | |  |
| **APC Report** (Renewal, Route 1+5 and Route 2 only) | |  |
| I confirm that the APC Report I have submitted, is a genuine report, is less than 18 months old, has been appropriately anonymised and has not been previously submitted to another awarding organisation. | |  |
| I understand that the APC report I have submitted may be used anonymously for moderation purposes with and between SASC awarding bodies. | |  |
| **Maintaining my APC** | |  |
| I understand that if my application is successful, my information will be entered by Dyslexia Action onto the SASC register and website (full name, APC number, start/end date only displayed). | |  |
| I will maintain my CPD Log in accordance with the SASC guidelines for the next three years and understand that this is a condition of renewal. | |  |
| I agree to work within current legislation and guidance relating to Dyslexia/SpLD across all age ranges and settings. | |  |
| I understand that I must hold appropriate indemnity insurance before carrying out assessments for dyslexia/SpLD either through my employer or as a self-employed individual. | |  |
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