**Dyslexia Action Training and Professional Development**

**Level 5 Diploma - Specialist Teaching for Literacy-Related Difficulties (DIST)**

 **Application Form
External APEL Applicants**

| **COURSE DETAILS** |
| --- |
| **Diploma: Specialist Teaching for Literacy-Related Difficulties (DIST):*** **DIST 01** - Understanding Literacy Difficulties *(Study exemption applied - APEL)*
* **DIST 02 –** Foundations for Building Structured Literacy Teaching Interventions (23 credits)
* **DIST 03 –** Extending Specialist Literacy Teaching Skills (13 credits)
 |

| **Start Date** |  **June 2024** |
| --- | --- |

| **PERSONAL DETAILS** |
| --- |
| **1. a) Personal Information** |
| **Family Name:** | Title: Mr/Mrs/Miss/Ms/Other:  |
| **First Names:**  | Any Previous Family Names: |
| **Date of Birth:** |  |
| **Name** (you wish to *register* on the course with) |  |
| **Course Email Address:** | This must be an email address that is NOT **shared with other people**. It should also reflect your current family name and the name you register onto the course with to assist with admin procedures: (e.g., MarySmith21$@email.com with a registration name Mary Smith) |
| **Contact telephone numbers:**  |
| Mobile: | Home: | Work: |
| **Current Address:** |
|  |
|  |
| Postcode: |  |
| Country:  |  |

| 1. **b) English Language:** Please use this section to tell us about your English Language skills.
 |
| --- |
| Is English your first language? | Yes | No |
| If ‘Yes’ proceed to Section 2. |
| If ‘No’, please complete the rest of the questions in this section. |
| What is your first language? |  |
| Was your first degree studied in English? | Yes | No |
| Please indicate how many years you have spent studying English: |
| At School (in years) | At University (in years) | Other (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 | Overall Result |
| Please provide details of any sub-tests and grades (if applicable). |
|  |

| **2. Qualifications** |
| --- |
| You will be required to upload **scanned copies** of this application form and a copy of your DACRT51, 56 or 67. Please do not use a zip file for this as the email will not be delivered.We reserve the right to request further documents from you if required. |
| **2a. Teaching Qualifications** |
| Do you have Qualified Teacher Status? (Delete as appropriate) | Yes/ No | QTS or QTLS Number: |
| Please give details of any teacher training qualifications held e.g., PGCE, B.Ed. and dates awarded: |
| Date of Award:  | Qualification |
|  |  |
|  |  |
| **2b. Other Higher Education Qualifications** (Including any current study) |
| **Awarding Organisation and Date Awarded:** (e.g., Middlesex University 2015) | **Course Title in full:** (e.g., MA English Literature) |
|  |  |
|  |  |
|  |  |
| **2c. Other educational related roles e.g., Teaching Assistant, Learning Support Assistant etc..** |
|  |

| **3. Present and Previous Occupations for past 10 years (start with your current role)** |
| --- |
| **Dates** | **Employer** | **Occupation** | **Full Time/ Part Time** |
| **From:** | **To:** |
|  |  |  |  |  |

| **4. Application Statement** **(wordcount = 150 to 200 words for each section)**  |
| --- |
| **What relevant experience, skills or knowledge do you bring to this course?** |
| **How do you hope this course will develop your skills and knowledge?** |
| **How will this course help you meet your personal / career aims in the future?** |

| **5. References**Please nominate two people (other than relatives) who have agreed to act as your referees. **One must relate to your most recent employment or study**. We reserve the right to take up one or both references. |
| --- |
| **1st Referee** | **2nd Referee** |
| Name: | Name: |
| Occupation: | Occupation: |
| Company: | Company: |
| Full Postal Address: | Full Postal Address: |
|  |  |
| Telephone. No:  | Telephone No: |
| Email:  | Email: |
| Relationship to applicant: | Relationship to applicant: |

| **6. Declaration. Please note that by completing and submitting this application form you are agreeing to the following:**  |
| --- |
| *I have read the Terms and Conditions relating to the course and agree to abide by them:*[*dyslexiaaction.org.uk/terms-and-conditions/*](https://dyslexiaaction.org.uk/terms-and-conditions/) |
| *I have carefully read the Diploma Syllabus and have the technical equipment available (as outlined in the document) to access the online courses.* |
| *I have the necessary computer/technology skills and word-processing skills to complete an online training course.* |
| *I understand that I may be required to undertake a pre-course taster session prior to the start date and reflect upon it.* |
| *I understand that my access to the course (and therefore my progression within the course) may be halted if course fees (or the relevant instalment part payment) are not paid in a timely manner.* |
| *I understand that this is an online qualification in which almost all of the teaching occurs asynchronously.* |
| *I understand that participation in the diploma programme is based upon an assumption of continuity in progression through the units. I therefore confirm that I am, at time of registration, willing and able to work through the units of study one by one without taking any unscheduled breaks.* |
| *I accept that there are substantial deferral fees and understand that this fee would be payable by me should I decide to postpone my studies once I have commenced studies on the programme.* |
| *I understand that this is an in-depth teacher training diploma designed for practitioners who are primarily interested in learning about how to improve learners’ literacy difficulties.* |
| *I am able to access a learner for a minimum of 1 hour per week and if this time is split into two sessions, the sessions will be on consecutive days.* |
| *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.* |
| **Name: Date:** |
| **This form should be now be uploaded along with your certificates demonstrating APEL to:** [**https://training.dyslexiaaction.org.uk/civicrm/event/info?id=2847&reset=1**](https://training.dyslexiaaction.org.uk/civicrm/event/info?id=2847&reset=1) |
| We reserve the right to reject any application that does not meet the criteria specified for APEL candidates or to require the applicant to complete other courses prior to entry on to the programme. |

| **Our Contact Details:** **Email:** cpdmail@dyslexiaaction.org.uk**Address:** Dyslexia Action Training and Professional DevelopmentAdmissions Office, 70-72 Stour Street, Canterbury, CT1 2NZ |
| --- |