**Dyslexia Action Training and Professional Development**

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

| **COURSE DETAILS** | |
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| **Diploma: Specialist Teaching for Literacy-Related Difficulties (DIST)** (48 credits):   * **DIST 01 –** Understanding Literacy Difficulties (12 credits) * **DIST 02 –** Building Structured Literacy Teaching Interventions(23 credits) * **DIST 03 –** Extending Specialist Literacy Teaching Skills (13 credits) | |
| **Start Date** | **2 September 2025** |

| **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$@email.com](mailto:MarySmith21$@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). | | | | | |
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| **2. Qualifications** | | |
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| You will be required to upload **scanned copies** of this application form and Higher Education certificates or transcripts with your application e.g., degree, teaching qualification, proof of Qualified Teacher Status. 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 | |
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| **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) | |
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| **3. Present and Previous Occupations for past 10 years (start with your current role)** | | | | |
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| **Dates** | | **Employer** | **Occupation** | **Full Time/ Part Time** |
| **From:** | **To:** |
|  |  |  |  |  |

| **4. Application Statement** **(wordcount = 150 to 200 words for each section)** |
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| **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:** |
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| *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 degree certificate to:**  [**https://training.dyslexiaaction.org.uk/civicrm/event/info?id=2979&reset=1**](https://training.dyslexiaaction.org.uk/civicrm/event/info?id=2979&reset=1) |
| We reserve the right to reject any application that does not meet the criteria specified or to require the applicant to complete other courses prior to entry on to the programme. |

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