

PLEASE ENSURE THAT YOU ARE USING THE MOST UP TO DATE APPLICATION FORM.

| | | | |
|----------------------------|------------|--------------------------------|-----------------|
| FOR OFFICE USE ONLY | Region: | Tutor holds AMBDA Y / N | Data Protection |
| Received: | Accepted: | Specialist teachers list Y / N | BDA Y / N |
| Acknowledged: | Deferred: | Age groups: | EEA Y / N |
| Actions: | Rejected: | Primary Secondary | |
| | Follow up: | FE/HE Adults | |
| Meeting date: | | All | |

Please indicate whether you are applying for:

ATS ATS FE/HE ATS Overseas ATS ITT

Personal Details (Please complete in BLOCK CAPITALS)

Surname: Forename:
(Dr/Mr/Mrs/Ms/Miss)

Home Address:
.....
.....
.....

Daytime Tel:

Email:

BDA Accredited Course

| | |
|------------------|-----------|
| Title of Course: | |
| Institution: | |
| Tutor(s): | |
| Start Date: | End Date: |

Education and Professional Qualifications

Please give details of your **teaching qualification** not your specialist qualification on which this application is based.

| | |
|---|-----------|
| Title of Professional Teaching Qualification: | |
| Teacher Training Institution/University: | |
| Start Date: | End Date: |

| | | |
|--|-----|----|
| Do you hold Qualified Teacher Status (QTS)*? | Yes | No |
| DCSF (formerly DfES or DfEE) Reference Number (or equivalent): | | |

* Please note you do not necessarily need QTS if you are applying for ATS FE/HE.

ATS may also awarded to the following provided they have completed a BDA accredited course and have relevant experience. Please tick your profession and state your qualification:

| | | | |
|-----------------------------|--------------------------|--------------------------|--------------------------|
| Speech & Language Therapist | <input type="checkbox"/> | Educational Psychologist | <input type="checkbox"/> |
| Occupational Therapist | <input type="checkbox"/> | Other Psychologist | <input type="checkbox"/> |
| Qualification: | | | |

Teaching Experience

Please ensure that you complete the Teaching Experience section and specify the number of hours you work each week if working part-time. In addition you may also wish to submit your CV but this must clearly show the information required below.

| Dates | School and location | Subject(s) taught | Age range | No. in group | Full time | Part time | Hours worked per week |
|-------|---------------------|-------------------|-----------|--------------|-----------|-----------|-----------------------|
| | | | | | | | |
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| | | | | | | | |

Data Protection Act 1998

The information you provide on this form will be processed by the BDA and used to:

- 1 process your application; and
- 2 issue your certificate (if successful);

Your details will be included on the BDA List of Specialist Teachers and Tutors if you grant us permission to do so below. They will also be stored on the internal database of the BDA Education Department and used to send you details of forthcoming education related conferences run by BDA.

By signing this form you consent for us to hold your personal information in the ways described above.

From time to time we would also like to send you information about the BDA's other services, offers, activities and appeals. If you **would like to receive** this information please tick here

We may also share your information with other organisations within the European Economic Area upon their request. **If you are happy** for your details to be used in this way please tick here

Certificate

If your application is successful you will be issued with a certificate. Please indicate how you would like your name to appear. Please use BLOCK CAPITALS:

.....

BDA List of Specialist Teachers and Tutors

If your application is successful you also have the option of being included in the BDA List of Specialist Teachers and Tutors. This will include all your contact details given on page 1 and the age range you teach.

Please indicate whether or not you wish your details to be included on this list:

YES NO

Age Range

Please indicate which age group you teach (this will appear on the Teachers' List):

| | | | |
|--------------------------------------|--|--------------------------------|---------------------------------|
| Primary age <input type="checkbox"/> | Secondary age <input type="checkbox"/> | FE/HE <input type="checkbox"/> | Adults <input type="checkbox"/> |
|--------------------------------------|--|--------------------------------|---------------------------------|

Declaration

- I have read the Data Protection Act statement overleaf.
- I understand that the ATS application fee must be received in full before the application is processed and that all fees are non refundable.
- I understand that a completed and signed tutor form must accompany my application before it is processed. All forms must be received by the BDA deadline.
- I undertake to adhere to decisions made by the BDA Accreditation Board.

Signed:..... **Date:**

Please send your completed forms to:

Education Department
British Dyslexia Association
Unit 8 Bracknell Beeches
Bracknell Lane West
Bracknell
Berkshire
RG12 7BW

CHECKLIST

Have you included with your application form?

- Cheque for £70.00 for ATS / ATS FE/HE. For ATS Overseas cheque for £125.00 (made payable to "British Dyslexia Association");
- Signed tutor form; and
- CV (if applicable)