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# Partners in Learning Advanced Certificate application form

**Please note the next course will start in September 2025**

This form contains 10 sections and 45 questions. It should take around 20 minutes to complete.

1. Please enter date of application:

## Section 1: Your details

Please provide your personal details below. Type your answer at the end of each line.

1. Title: Mr / Mrs / Ms / Miss / Dr / Other
2. Surname:
3. Forename:
4. Preferred name:
5. Telephone:
6. Email address:
7. Job title:
8. Work address (including postcode):
9. Work telephone:

## Section 2: Your learners

Please let us know which of the following best describes your learners:

1. Vision impairment:
2. Vision impairment and complex needs:

## Section 3: Your work

Please indicate the nature of your current work:

1. Teaching assistant/LSA
2. Teacher
3. Other (please give details)

Is the main focus of your work:

1. Early years
2. Primary
3. Secondary
4. Post 16
5. A mixture

## Section 4: Entry requirements

1. Please indicate that you fulfil the following five entry requirements by answering yes or no at the end of each line:

* I am educated to GCSE standard, NVQ Level 2 and/or have equivalent experience or qualifications:
* I will be working on a regular basis with one or more children or young people with vision impairment for the duration of the course:
* I have employer support for the duration of the course, including permission to attend course training days:
* I have access to email facilities:
* I have regular access to internet facilities:

## Section 5: Access and Support

Please indicate any individual requirements that may be relevant to your participation on the course by typing yes at the end of the appropriate line.

1. Physical disability:
2. Hearing impairment:
3. Sight difficulty:
4. Dyslexia:
5. Other:
6. Please specify your individual requirements on the line below.

## Section 6: Payment of course fees

**The course fee for 2025 is £850 (£710 for VIEW members).**

1. Are you a VIEW Member? (Membership of VIEW is open to the entire VI education workforce – join at viewweb.org.uk):
2. Who will pay your course fee? Please delete as appropriate and type yes after your preferred option from the list below.
3. Please invoice me at the standard fee – £850:
4. I am a member. Please invoice me with the VIEW member discount (VIEW membership required) - £710:
5. I would like to join VIEW. Please invoice me with VIEW membership included – £750:
6. Please invoice my organisation at the standard fee: – £850:
7. Please invoice my organisation with the VIEW member discount included (VIEW membership required) - £710:
8. My organisation will pay for a VIEW membership. Please invoice my organisation with VIEW membership included – £750:

**Section 8: Invoice details**.

Please provide the invoice details for your course fee in full below. Type the details at the end of each line.

1. Contact name:
2. Company/organisation name:
3. Address (including postcode):
4. Email address:
5. Telephone number:
6. Please provide a purchase order reference number. If this is not available, please confirm you are authorised to purchase this course:

## Section 9: Line manager / employer details

1. Are you happy for us to liaise with your line manager regarding your progress on the course? Please answer yes or no:
2. Contact name:
3. Company/organisation name:
4. Address (including postcode):
5. Telephone:
6. Email address:

## Section 10: Student declaration

I declare that the information provided on this form is correct to the best of my knowledge. I agree to the terms and conditions as stated in the course leaflet.

1. Signature:
2. Date:

**Please ensure this application form is completed in full and emailed to:**

Email courses@viewweb.org.uk

[form ends]

**2025 version**