

# Teaching Literacy through Braille – online training course

## Application form:

Please note the following important information:

* You will need regular access to broadband internet and email facilities in order to take part in the course.
* The course is estimated to involve around 80 hours work and works to a fixed timetable, starting on January and finishing in July.
* On successful completion of the course you will be sent a VIEW certificate. The course does not carry external accreditation.

## 1. Your details:

Title: Mr / Mrs / Ms / Miss / Dr / Other

Surname:

Forename:

Preferred name:

Home address:

Postcode:

Home telephone:

Mobile telephone:

Email address:

(NB. This should be the email address that you wish to use on the course)

Job title:

QTVI status and date of completion (if applicable):

If you do not hold QTVI status, please confirm that you are working as a specialist teacher of VI for the duration of the course, and give details:

Work address:

Postcode:

Work telephone:

## If you are a specialist support worker who has experience working with braille with children and young people with VI, and wish to apply – please first email [courses@viewweb.org.uk](mailto:courses@viewweb.org.uk) to discuss your individual situation.

## 2. Access and Support

The course is studied fully online and has been designed to meet recognised accessibility standards. Please indicate any individual requirements that may be relevant to your participation on the course:

Physical disability:

Hearing impairment:

Sight difficulty:

Dyslexia:

Other:

## 3. Course fee

## £850 or £710 for VIEW members

Are you a current VIEW member? State here:

**If no, you can join VIEW at the same time as applying for the course.** (Membership fee is £60 QTVI). Do you wish to be invoiced for VIEW membership? State here:

Please indicate the total amount to be invoiced:

* £710 member
* £850 (non-member)
* £770 (VIEW membership and course fee combined)

Please state whether you wish us to invoice your organisation or yourself:

Please indicate your preferred method of payment below:

BACS/Cheque

## 4. Purchase order number (unless self-funding).

## If PO number not available at time of application please confirm that you are authorised to be funded to undertake this course by employer):

## 5. Invoice address (please complete in full):

Contact name:

Company/organisation name:

Invoice address:

Postcode:

Telephone:

Invoice Email:

Please ensure your application is completed in full and send by email to: courses@viewweb.org.uk