

## ADSHE Individual Membership Form

Please return completed membership form

by email to: [adshedyslexia@yahoo.co.uk](mailto:adshedyslexia@yahoo.co.uk)

or:

by post to: ADSHE c/o 5A Natal Road London N11 2HU

**If you are a dyslexia specialist working with students in higher education you are eligible to join ADSHE.**

**Member's names, institution (if applicable) and email contact are available to all other ADSHE members**

Section A			
Title		Name	
Address			
Email			
Contact telephone number			
Institution (if applicable)			

**Please complete Section B,C and D.**

ADSHE welcomes members with formal qualifications however it does not wish to exclude those people who have worked with dyslexic students in HE but do not have a formal qualification. Please indicate below any relevant qualifications and/or experience that you have.

**Section B.**

**1) Relevant qualification (if applicable):** *enclose copies of relevant qualifications with your application or ask your line manager to complete the declaration.*

I confirm that the person named on this application form holds the qualifications listed above.

Signed: .....

Name and job title: .....

Date: .....

Official Stamp of institution

**2) Relevant experience in the last five years:**

*If you have no relevant qualifications this box should be endorsed by your line manager (if this is not possible please contact the Administrator for advice at [adshedyslexia@yahoo.co.uk](mailto:adshedyslexia@yahoo.co.uk))*

I confirm that the person named on this application form has been/was employed by

.....(Institution) for ..... years in the capacity of

..... (job title).

Signed: .....

Name and job title: .....

Date: .....

Official Stamp of institution

**Section C CURRENT EMPLOYMENT:**

**1. Please indicate whether you are**

**Employed**                    yes/no

**Self employed**        yes/no

**Retired**                    yes/no

**Other (please specify)** .....

**2. List the Higher Educational Institution(s) attended by the students you work with:** .....

**3. Do you hold a current Practising Certificate?** yes/no

**4. Please indicate which other professional bodies and associations you belong to (eg Patoss, Dyslexia Guild, NADP, ASASA, unions) .....**

**5. If you are employed complete the following**

<b>Employer's name</b>	
<b>Your job title</b>	
<b>Give a brief description of your current position and role within your place of work</b>	

**6. If you are not currently directly employed please complete the following**

<b>Give a brief description of your current or most recent relevant work</b>
<b>Do you have a CRB check ?</b> yes/no
<b>Do you have personal indemnity insurance?</b> yes/no

**Section D  
Payment Information**

**Please indicate the category of membership for which you are applying –**

**Institutional membership *paid by institution***

**Full Member** **£40.00**

**International Full Member** **£30.00**

***I enclose a cheque made payable to ADSHE for £.....***

**I would like to pay electronically**

**Sort code:** 20-46-60      **Account number:** 40565474

**Please send me details of how to pay by direct debit**

**WHERE DID YOU HEAR ABOUT ADSHE? (Please tick) :**

**Colleague**

**Website**

**Conference/Event**

**Publication**

**Other** \_\_\_\_\_