

ADSHE Student Membership Form

Please return completed membership form

by email to: adshedyslexia@yahoo.co.uk

or:

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

Student membership is available to individuals who are currently registered on a course (approved by the Executive Committee) leading to a specialist qualification in supporting students with SpLDs in Higher Education. For a list of currently approved courses go to <http://www.patoss-dyslexia.org/>

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)			

Section B Course details

Full Title of Course:

Organised By:

Course Location/Training venue:

E Learning:

Length of course:

Start date:.....

Expected completion date:

(Lead/Principle) Course tutor:

Qualification to be gained:.....

Ratified/Accredited by.....

Do you hold Qualified Teacher Statue: Yes No

Date Awarded QTS:
(if applicable)

DFES No:

Secton C Employment

1. If you are employed complete the following

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

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

Give a brief description of your current or most recent relevant work

**Section D
Payment Information**

**Please indicate the category of membership for which you are applying –
Student Member £20.00**

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 _____