

# **RNIB Maths Certificate in Contracted Braille (UEB) Re-take Application form**

Please complete the six sections of this application form by placing your answers after the semi colon.

**Please note: An official Purchase Order number must be included in the payment section or we will not be able to accept your application.**

## **1. Your details**

Title:

Name:

Home address:

Post code:

Daytime telephone number:

Home telephone number:

E-mail address:

## **2. Re-take Date**

Please choose one of the following dates for your assessments to be sent (noting that applications must be received 4 weeks prior to the requested date):

- 6th June 2022 (with a return date of 24th June 2022)
- 3rd October 2022 (with a return date of 21st October 2022)

## **3. Preferred reading format**

Please answer yes to your preferred choice below.

- Standard print (Arial size 14):
- Large print (please state font size):

## **4. Special conditions**

If appropriate, please specify below any special conditions you may have, such as dyslexia. (Note, however, that you may be requested to supply medical evidence of any mentioned conditions):

## **5. Payment of re-take fee (£60.00)**

Please mark next to your preferred choice of payment below.

## **Please be advised we no longer accept cheques.**

- I would like to pay the full fee by credit or debit card:

Please call 01733 375473 to make a card payment:

- I would like to make a direct bank transfer (BACS):

Bank: National Westminster Bank, 10 Marylebone Street, PO Box 2021, London, W1U 4BT

Account Name: RNIB Main

Sort Code: 50-30-25

Account Number: 12852074

Reference – **UEB Maths retake**

- Please invoice my organisation for the full fee (your application must be accompanied by an official purchase order number or we will not be able to accept it):

Please complete the following details:

- Organisation name:
- Contact name:
- Invoice address:
- Invoice postcode:
- Contact telephone number:
- Contact email address:
- Purchase order number:

## **6. Student declaration**

I declare that the information provided on this form is correct to the best of my knowledge. I have read the re-take outline and I agree to its content and the terms and conditions as stated. I understand that I will need to download the RNIB-provided software and use it to complete my course assessments and the final exam. I also agree to receiving all course materials electronically and am competent in the use of compressed (zipped) PDF files.

**Signature:**

**Date:**

Please tick here if you are happy to receive further information on other RNIB braille courses.

**Please ensure your application is completed in full and send by post or email to:**

Racheal Jarvis  
RNIB  
Northminster House  
Northminster  
Peterborough  
PE1 1YN  
Telephone: 01733 375 267

Email: [braillecertificate@rnib.org.uk](mailto:braillecertificate@rnib.org.uk)

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Revised May 2021