

# **RNIB Certificate in Contracted Braille (UEB) – Maths module - 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. Date of course required**

February:

October:

## **2. Your details**

Title:

Name:

Home address:

Post code:

Daytime telephone number:

Home telephone number:

E-mail address:

## **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 course fees**

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 course 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 further declare that (please answer yes to all that apply):

- I am competent in English:
- I am able to commit to regular home/personal study or have time release from work:
- I have completed the RNIB Certificate in Contracted Braille (in UEB, rather than the previous version in SEB):
  - Month and date course completed:
  - Grade achieved:
- I 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 email to:**

**braillecertificate@rnib.org.uk**

[form ends]

Revised January 2021