

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):

- 7th June 2021 (with a return date of 25th June 2021)
- 4th October 2021 (with a return date of 22nd October 2021)

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

[form ends]

Revised May 2021