

# SPELD NSW

## Referral Database Form - Professionals



### Information

SPELD NSW operates a Referral Database for the purpose of connecting Professionals who have expertise and experience in working with people with a specific learning difficulty, such as dyslexia, with people with specific learning difficulties and their families and guardians.

To join the Referral Database, Professionals (including psychologists, speech therapists and occupational therapists) must become Professional Members of SPELD NSW. In order to become a Professional member of SPELD NSW, applicants must provide SPELD NSW with information about their qualifications and evidence of their specialist knowledge of specific learning difficulties and disorders.

To be listed on the referral database as a Professional you should:

- ✓ Complete this form;
- ✓ Provide SPELD NSW with a copy of your current resume/CV;
- ✓ Provide SPELD NSW with the number of your current Working with Children Check and your date of birth;
- ✓ Provide SPELD NSW with evidence of relevant qualifications (eg, Speech Pathology degree, psychology degree) or registrations with professional bodies; and
- ✓ Provide SPELD NSW with evidence and information about your specialist knowledge about specific learning difficulties (eg, completion of the SPELD NSW Teachers Certificate Course).
- ✓ Provide SPELD NSW with a sample report (may be anonymized) with is representative of your work in the SLD field.

Please return this form and the above material to SPELD NSW by email or post. You will then be contacted by SPELD NSW to arrange a brief phone interview.

Information provided may be incorporated into SPELD NSW's Referral Database. Please refer to SPELD NSW's Privacy Policy on the SPELD NSW website for information about how we store and use personal information.

### Please complete:

Your name: \_\_\_\_\_

Organisation (name of practice, service, centre etc): \_\_\_\_\_

#### Contact details (to be provided to individuals who request a referral from SPELD NSW)

Email address: \_\_\_\_\_

Website (if any): \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Mobile phone number: \_\_\_\_\_

Practice address (if this is a home address please provide suburb only): \_\_\_\_\_

Qualification/s: \_\_\_\_\_

Working With Children Check Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Services I/we provide:

Literacy Instruction	<input type="checkbox"/>	Numeracy Instruction	<input type="checkbox"/>	Written Expression Instruction	<input type="checkbox"/>
Handwriting Instruction	<input type="checkbox"/>	Educational Assessment	<input type="checkbox"/>	Psychological (educational) assessment	<input type="checkbox"/>
Psychological Counselling	<input type="checkbox"/>	Speech and Language Therapy	<input type="checkbox"/>	Speech and Language Assessment	<input type="checkbox"/>
Oral Language Development	<input type="checkbox"/>	Occupational Therapy	<input type="checkbox"/>	Other: _____	

### Educational Methods or Programs I /we are have training in or use (if you provide tutoring services):

Alpha to Omega	<input type="checkbox"/>	Ants in the Apple	<input type="checkbox"/>	Cars and Stars	<input type="checkbox"/>
Cracking the ABC Code	<input type="checkbox"/>	Get Reading Write	<input type="checkbox"/>	Jolly Phonics	<input type="checkbox"/>
Learnersaurus	<input type="checkbox"/>	Lindamood Bell	<input type="checkbox"/>	Little Learners Love Literacy	<input type="checkbox"/>
Maths Mastery	<input type="checkbox"/>	Multi-Lit/Mini-Lit/Macq-Lit	<input type="checkbox"/>	Orton-Gillingham / MSL	<input type="checkbox"/>
Phonic Book Readers and Workbooks	<input type="checkbox"/>	PLD Literacy and Learning	<input type="checkbox"/>	Read Write Inc	<input type="checkbox"/>
Sounds-Write	<input type="checkbox"/>	Spalding	<input type="checkbox"/>	SPELD NSW Teachers Certificate Course	<input type="checkbox"/>
Spelfabet materials	<input type="checkbox"/>	Spelling Mastery	<input type="checkbox"/>	Talk for Writing	<input type="checkbox"/>
Other: _____					

### Age range I/we work with:

Pre-school	<input type="checkbox"/>	Kindergarten to Year 2	<input type="checkbox"/>	Years 3 to 6	<input type="checkbox"/>
Years 7 to 8	<input type="checkbox"/>	Years 9 to 10	<input type="checkbox"/>	Years 11 to 12	<input type="checkbox"/>
Tertiary	<input type="checkbox"/>	Adult	<input type="checkbox"/>		

### Location of service:

My home/ office  I travel to the student's home/ school  Virtual (eg, Skype or Zoom)

Please list Post Codes serviced: \_\_\_\_\_

### AND/OR

Please list Areas serviced (eg. 5 km around postcode 2150) \_\_\_\_\_

**PLEASE NOTE!** This postcode information used by the Referral Officers when making referrals to individuals and families. Please ensure it is as accurate as possible! (Thank you)

### Area/s of specialization (optional):

ADHD/ attention	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	Assistive Technology	<input type="checkbox"/>
Autism/ASD	<input type="checkbox"/>	Dyscalculia	<input type="checkbox"/>	Dysgraphia	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	Dyspraxia	<input type="checkbox"/>	English as an additional language	<input type="checkbox"/>
Mind-mapping/ graphic organisers	<input type="checkbox"/>	ODD	<input type="checkbox"/>	Speech & Language Disorders	<input type="checkbox"/>
Study / exam preparation / essay writing	<input type="checkbox"/>	Twice-exceptional students	<input type="checkbox"/>	Other: _____	

### Short Description of Service / Practice (optional):

Please include a short (no more than 500 characters) description of your practice or service. This will be provided to individuals and families when making a referral. You can use this text to write a sentence or two to tell potential clients a little bit about yourself and your service!