

SPELD NSW

Referral Database Form - Tutors



Information

SPELD NSW operates a Referral Database for the purpose of connecting Tutors 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, tutors must become Tutor Members of SPELD NSW. In order to become a Tutor 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 Tutor 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 teaching qualifications (eg, Early Childhood or Primary Education; English in Secondary Education; Special Education); and
- ✓ Provide SPELD NSW with evidence and information of specialist knowledge about specific learning difficulties (eg, completion of the SPELD NSW Teachers Certificate Course) and experience in teaching students with specific learning difficulties.

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 tutor referral from SPELD NSW)

Email address: _____

Website (if any): _____

Contact phone number: _____ Mobile phone number: _____

Practice address: _____

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 Assessments | <input type="checkbox"/> | Other: Click here to enter text. | |

Educational Methods or Programs I /we have training in or use:

- | | | | | | |
|-----------------------------------|--------------------------|-----------------------------|--------------------------|---------------------------------------|--------------------------|
| 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 served: _____

AND/OR

Please list Areas served (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 Anxiety Assistive Technology

Autism/ASD Dyscalculia Dysgraphia

Dyslexia Dyspraxia English as an additional language

Mind-mapping/ graphic organisers ODD Speech & Language Disorders

Study / exam preparation / essay writing Twice-exceptional students 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!