

**SPELD NSW – ADULT BIOGRAPHICAL INFORMATION**  
*Confidential*

**PART A - BIOGRAPHICAL INFORMATION**

Today's Date

Name

Age  Date of Birth

Residential Address

Post Code

Postal Address

Post Code

Telephone (H)  (W)  (Mob)

Email(s)

Source of Referral

Reason for Referral/Main Concerns

**PERSONAL**

Place of birth

Childhood Locations

Who lived in the household? (parents/siblings/other)

Any major events or circumstances in your life?

Level of Self Esteem  
Reasons why?

Low

Average

High

Does anyone in your family have difficulties with literacy or numeracy?

YES

NO

If yes, please give details e.g. difficulty with reading or spelling accurately, expressing ideas in writing, understanding maths concepts or performing calculations

### EMPLOYMENT & EDUCATIONAL HISTORY

Current job/occupation

Length of time in current role

Previous jobs/positions held

Highest level of study attempted?

Where?

Year or enrollment and/or completion?

Results Achieved?

Did you repeat any years of schooling or have any lengthy absences?

YES

NO

If yes, please give details:

Schools attended:

Primary School/s (Names)

Please tick which difficulties you had while in Primary school

No difficulties

Reading

Maths

Writing

Behaviour

Other

Please explain:

Did you have any extra help in primary school? *(Please tick any areas in which you received help)*

- Small group work at school
- One-to-one support at school
- Private tutoring
- Parent support at home

Secondary School/s (Names)

Please tick which difficulties you had while in secondary school:

No difficulties

Reading

Maths

Writing

Behaviour

Other

Please explain:

Did you have any extra help in secondary school? *(Please tick those areas in which you received help)*

- Small group work at school
- One-to-one support at school
- Private tutoring
- Parent support at home

Which subjects were  
your strongest?

Which subjects were  
your weakest?

Other study/courses attempted or completed?

### MEDICAL HISTORY

Were you late to reach developmental milestones (e.g. crawling, walking, talking)?

YES  NO

If yes, please provide  
details

Did/do you have any difficulties with saying words clearly?

YES  NO

Did you have any ear infections as a child?

YES  NO

Did you have any major childhood illnesses or injuries?

YES  NO

If yes, please provide  
details

Any recent major illnesses or injuries?

YES  NO

If yes, please provide  
details

Are there any factors which may need to be considered (e.g. drug or alcohol use,  
emotional or mental health issues etc)?

YES  NO

If yes, please provide  
details

Have you had your hearing tested?

YES  NO

If yes:

When?

Assessed by?

Result?

Have you had your vision tested?

YES  NO

If yes:

When?

Assessed by?

Result?

### PREVIOUS ASSESSMENTS AND THERAPY

Have you had any previous psychological assessments?

YES  NO

Have you had any speech therapy?

YES  NO

Have you had any occupational therapy?

YES  NO

Have you been under the care of any other specialists?

YES  NO

If yes to any of the above, please give details (including start / end date of therapy, dates of assessments, names of specialists who conducted therapy and assessment. For therapy provide area(s) of focus, such as language, articulation, motor skills. For assessments provide a summary of results and any diagnosis (if applicable).)

### EMERGENCY CONTACT DETAILS

Name

Relationship

Phone

I confirm that the above information is accurate and complete to the best of my knowledge.

Signature of person completing form:

Name of person completing form:

## PART B - PRIVACY COLLECTION STATEMENT

By providing us with the requested information, you (or your authorised representative) agree that SPELD NSW Inc. ABN 508 090 871 (we, our, us) may collect, use and disclose your personal information (including sensitive information or health information) for: (a) providing our services and conducting business activities, including psychological assessments relating to the assessment and management of dyslexia or other learning difficulties; (b) communicating with you, your authorised representative, or related parties (including doctors, tutors, and teachers) in relation to our services; (c) providing a referral database for professionals and tutors; and (d) other purposes as specified in our privacy policy.

Your information may also be used for secondary purposes, where that purpose is related (or for sensitive information, directly related) to the primary purpose, or where permitted by the Privacy Act 1988 (Cth) or the Health Records and Information Privacy Act 2002 (NSW) (Privacy Laws).

Personal information we may collect includes your name, gender, date of birth, contact details, qualifications, education history, health history and results of health assessments. From time to time we may also collect information from treating doctors, teachers and tutors. If we do not collect sufficient information, we may be unable to provide you with the services requested by you.

Your personal information (including sensitive and health information) may be shared with subcontractors and third parties, including psychologists or healthcare professionals and employees, contractors or consultants of SPELD NSW Inc or a related organisation (being any related body corporate of SPELD NSW Inc or a member of AUSPELD (the Australian Federation of SPELD Associations)), who assist us to provide our services or activities to you. By providing us with the above information you (or your authorised representative) acknowledge and consent to the transfer of your information to third parties, including to third parties in a jurisdiction other than New South Wales or to a Commonwealth entity.

We are committed to ensure all personal, sensitive and health information is held in a confidential and is protected in accordance with Privacy Laws and the requirements of our privacy policy.

Our privacy policy also contains information about how you may contact us to make a complaint about our handling of your personal information, or to access or correct the personal information we hold for you. Our privacy policy is available on request, or on our website at [speldnsw.org.au](http://speldnsw.org.au).

### YOUR ACKNOWLEDGEMENT AND CONSENT

By signing this form, you confirm that you have read and understood the above information. Please also confirm (by marking the relevant boxes below) that you consent to the following matters:

I consent to the collection, use and disclosure of my personal information (including health and sensitive information) on the terms outlined above and in our privacy policy; and

I consent to the transfer of my health information to persons or bodies in a State or Territory outside of New South Wales or to a Commonwealth agency, where necessary for the purposes outlined above and in our privacy policy.

Signature of person completing form:

Name of person completing form:

### **PART C - Consent to Online Assessment Conditions - Optional**

*Please only complete this page if you would like to book an online assessment with SPELD NSW.*

SPELD NSW offers assessments in an online format. Before an online assessment can proceed, you must read and agree to the following terms and conditions.

- The online assessment will not be recorded by anyone in your household. Photographs (including screen capturing), video recordings, audio recordings, and note-taking are not permitted. Please be aware that, depending on the assessment type, one or two tests may need to be recorded by the assessor. This is only for the purpose of accurately transcribing spoken responses and the recording will be destroyed within one month. Note-taking and screen capturing of the your work by the assessor may also occur. Only SPELD NSW staff will have access to the recordings and these will be destroyed after one month.
- Some testing materials and headset (if applicable) will be posted to you ahead of the assessment date. The envelope must not be opened until the day of the assessment and even then, only under the instruction and in view of the examiner. The assessor will need to see that the envelope is still sealed before they ask you to open it. This is to allow the assessor to report that the assessment was conducted following a standardised process.
- All proformas provided in the envelope, any work that you complete during the assessment, and headset (if applicable) must be returned to SPELD NSW. SPELD NSW will provide a pre-paid envelope in which the documents should be placed, and then the envelope will need to be sealed in full view of the assessor. This envelope should be posted to SPELD NSW on the same day that the assessment is completed. It is vital that these documents are not edited, shared, or copied in any way, and that all documents are returned regardless of whether the student has completed them or not.

I agree to abide by the above conditions for my online assessment.

Signature of person completing form:

Name of person completing form:



**THANK YOU FOR PROVIDING THIS INFORMATION.**  
**It is important to allow us to understand how best to help you.**

## **Paperwork Checklist**

Have you:

- Completed and Signed Part A – Biographical Information
- Completed and Signed Part B – Privacy Collection Statement
- (If you want to book an online assessment) Completed and Signed Part C - Consent to Online Assessment Conditions
- (If you have them) attached copies of your most recent school reports
- Attached copies of any other professional reports (including reports from psychologists, speech therapists, paediatricians or occupational therapists)

Please return PDFs of this Form, the most recent school reports and any other professional reports to SPELD NSW by email to [assessments@speldnsw.org.au](mailto:assessments@speldnsw.org.au).

Please note that we are unable to accept photographs of forms and paperwork. If you are not able to send a PDF of the completed paperwork, please post a copy to:

SPELD NSW Clinic  
Level 1, Suite 2  
52 O'Connell Street  
Parramatta NSW 2150