

## **Elklan Specialist Advisory Teacher Application Personal details**

**Your Name:**

**Email Address:**

**Telephone:**

**Mobile (optional):**

### **Home Address**

**Home Address - Line 1**

**Home Address - Line 2 (Optional)**

**Town / City**

**County**

**Postcode**

**Country**

## Work Address

Name of organisation, school or company

Work Address - Line 1

Work Address - Line 2 (optional)

Town / City

County

Postcode

Country

## Qualifications and Experience

### 2. Do you hold one of the following Masters level qualifications?

- ☐ University of Birmingham: M.Ed/Postgraduate Diploma/Certificate in Language, Literacies and Dyslexia
- ☐ University of Sheffield: Language and Communication Impairment in Children - MSc PG Certificate PG Diploma
- ☐ University of Newcastle: MSc in Language and Communication Disorder
- ☐ City University/UCL/IOE: SLCN in Schools: Advanced Practice
- ☐ Institute of Education (IOE) Masters level module in either: Developmental Language Impairment, Language Development; or Language, Learning and Development
- ☐ None of the above

**Date of completion of the above Masters level qualification**

**Details of other relevant Masters level qualification you hold**

Please email a copy of the certificate for your Masters level qualification, if available.  
To [michelle@elklan.co.uk](mailto:michelle@elklan.co.uk)

**Questions 3-7 (inclusive) are for those who have not completed one of the above-listed Masters level qualifications only:**

**3. Are you a Specialist Leader of Education (SLE)?**

☐ Yes

☐ No

If yes, what is your area of specialism?

**4. Have you worked with children with SLCN across a range of settings simultaneously for a minimum of 2 years?**

☐ Yes

☐ No

If yes, please provide details, including length of time in this role:



**Do you have a position of responsibility for the development of members of staff in relation to SEN and/or SLCN across different settings?**

☐ Yes

☐ No

If yes, please include details of any training you have run in the field of SLC, SEN or child development within the past 2 years:

#### **6. Qualifications - Education and Training**

☐ Yes

☐ No

Please enter your professional qualifications, recording any relating to SLCN or ASD first if you wish to deliver our ASD courses:

#### **7. Relevant employment history**

## **8. Evidence of multi-agency working**

## **9. Additional information**

Please provide any other information that will support your application to be an Elklan tutor:

## **10. References**

Please provide names, email address and phone numbers of two references. Please state their role and how you know them. One should be your employer and one a Speech and Language Therapist you have trained with or worked with. If this is not possible, please state why this is the case and provide alternative details.

## Observation

If your application is successful, whilst delivering your first course, an experienced Elklan Tutor will observe you deliver one session, to offer support and guidance as required.

If your workplace does not have an experienced in-house Elklan Tutor, a fee of £150.00 plus VAT will apply.

**11. Does your workplace have an experienced in-house Elklan Tutor to observe you deliver one session?**

☐

Yes

☐

No

If yes, please enter the name of experienced in-house Elklan Tutor who will observe one session

If no, please enter your billing details for the observation fee of £150.00 plus VAT:

Does your organisation require a Purchase Order Number?

☐

Yes I will enter a Purchase Order Number below

☐

PO Number is NOT required

☐

Quote is required before PO Number will be issued

Purchase Order Number if required

## **Billing Address**

**Same as work address entered above**

**Address - Line 1 (continue after your company name)**

**Address - Line 2 (Optional)**

**City**

**County**

**Post Code**

**Country**

**Email address for invoice**

**Billing telephone number**

## Contact Permission

If you would like to receive news, updates, special offers and marketing from us related to our training courses and resources for speech language training and development, Elklan Training Ltd will use your name and email address as provided in this form to send you 'Elklan alerts' emails. Please indicate if you are happy to receive emails like this from us.

You will be able to change your mind and withdraw consent at any time, which you can do by clicking the Unsubscribe link at the foot of each Elklan alerts email, or by contacting us at [support@elklan.co.uk](mailto:support@elklan.co.uk).

We will treat your information carefully, in accordance with our privacy policy. We gather statistics around email opening and clicks using industry standard technologies to help us monitor and improve our marketing emails.

Please note, we may still be required to send you emails relating to transactional or other information e.g. such as associated with your Elklan course, purchase, request or enquiry.

☐

Yes, please send me Elklan alerts by email

☐

No thank you, I don't want to receive Elklan alerts by email

## Declaration

I am aware that:

1. Elklan Tutors should continue to encourage collaborative practise between education and speech and language therapy services and work towards jointly delivering courses whenever possible.
2. This is an application to teach Elklan courses as a full tutor and that I must await confirmation from Elklan in writing regarding the next steps before I can deliver courses on my own.
3. Additional costs may be incurred if it is necessary to complete the Elklan training sessions and receive a visit from an observer.

Please type your name:

Date:

Signature: