# RNIB Certificate in Contracted Braille (UEB) – Maths module - 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. Date of course required

February:

October:

## 2. Your details

Title:

Name:

Home address:

Post code:

Daytime telephone number:

Home telephone number:

E-mail address:

## 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 course fees

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 course 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 further declare that (please answer yes to all that apply):

* I am competent in English:
* I am able to commit to regular home/personal study or have time release from work:
* I have completed the RNIB Certificate in Contracted Braille (in UEB, rather than the previous version in SEB):
* Month and date course completed:
* Grade achieved:
* I 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 email to:** braillecertificate@rnib.org.uk

[form ends]

Revised January 2021