

Training Enquiry Form.

SURNAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_

ADDRESS (Residence) \_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

ADDRESS FOR MAIL (if not as above) \_\_\_\_\_  
\_\_\_\_\_

Phones \_\_\_\_\_

E-mail: (please print Clearly) \_\_\_\_\_

Do you have a \*police clearance Yes ☐ No ☐ Details: \_\_\_\_\_

or \*Working With Children card Yes ☐ No ☐ Details \_\_\_\_\_

*\*NOTE: If you do not have either of these then they will need to be obtained before any training / contact with students can commence.*

**Background**

Educational level attained: \_\_\_\_\_

Certificates/Diplomas/ Degrees obtained:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

First language: \_\_\_\_\_

Other languages spoken regularly: \_\_\_\_\_

\_\_\_\_\_

Have you had experience in teaching individuals ☐ or groups ☐?

If the answer is yes, state your role in teaching (eg. class teacher/principal/aid/special education)

\_\_\_\_\_

Subjects you have taught: \_\_\_\_\_

\_\_\_\_\_

Age range of pupils taught: \_\_\_\_\_

Give a brief work and experience history you consider to be relevant to your interest on delivering a literacy program.

---

---

---

---

Business/ management experience: \_\_\_\_\_

---

---

### **Plans**

Do you wish your future career/business goals to be, or include?

1. Assisting in a Reading For Sure centre in paid full time employment ☐ part time employment ☐?  
If part time employment, state preferred hours in part time work with Reading For Sure.

---

---

2. As a teacher in a school or other educational agency. (Detail) \_\_\_\_\_

---

---

3. Conducting own business as a licensed provider: In own home ☐- address as above, In separate premises ☐. Address if known \_\_\_\_\_

---

---

4. Home teaching only (not commercial) \_\_\_\_\_

State the order of your preference in the age group for teaching literacy?

Early childhood ☐ Primary school ☐ High school ☐ Adults ☐

Do you prefer teaching groups? ☐ or individuals? ☐

Do you wish to train on-line? Yes ☐ No ☐ Mixture ☐

Do you have facilities for completing online practice (including submission of video clips) ☐

If you live in the country areas when might you be able to attend workshops in Perth? \_\_\_\_\_

---

---

Do you acknowledge that on completing training, accreditation for teaching Reading for Sure – The Solomon Method will be awarded by Reading For Sure and the materials and techniques can only be used in a venue licenced by Reading For Sure? Yes ☐ No ☐

**Availability (where applicable)**

Please state your available times for meeting workplace training requirements on site at RFS Carlisle WA. (please write in the times you could be available to attend workshops or engage with students in workplace practice within the ranges indicated below.)

|            | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|------------|--------|---------|-----------|----------|--------|----------|
| AM (8 -12) |        |         |           |          |        |          |
| PM (12 -6) |        |         |           |          |        |          |
| PPM (6-10) |        |         |           |          |        |          |

What other commitments might prevent you from attending workplace appointments?

---

---

Do you have any medical issues or disabilities that would need to be taken into consideration?

---

Please provide the names and contact numbers of two people who would be willing to supply a character reference.

---

---

Signed \_\_\_\_\_ Print name \_\_\_\_\_

Date \_\_\_\_\_

The above information will be kept in confidence. It will be used alongside an interview to ascertain if the Reading For Sure program and training will be suitable for you. It is our policy to only take on trainees we feel will be able to complete the training and go on to be providers of this literacy program.

Lynne Wajon

Reading For Sure.

Mob. 0429 161918