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**COLLABORATIVE WORKING BETWEEN SPEECH AND LANGUAGE THERAPISTS AND TEACHERS OF THE DEAF**

**APPLICATION FORM FOR AUTHOR ROLES**

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| **Member details** | | | |
| Name |  | | |
| Telephone number |  | | |
| Email address |  | | |
| Job title and current employer |  | | |
| **Please complete the information below to support the RCSLT and BATOD to ensure a range of skills, knowledge and experience is represented across the project** | | | |
|  | | | |
| **Which role would you like to apply for? (Please tick)** | | | |
| Supporting Author | | Peer Reviewer | |
|  | | |
| **Which of the following descriptions apply to you? (Please tick all that apply)** | | |
| Newly qualified | | Experienced |
| Manager / school leader | | Senior / team leader |
| Head of service | |  |

|  |  |
| --- | --- |
| **Which sector(s) are you currently employed in? (Please tick all that apply)** | |
| Service | Local authority |
| School / college | Independent / private school |
| Hospital / NHS | Academy |
| Private company e.g. Babcock | Social care provider |
| Not for profit / third sector organisation | University or HEI |
|  | |

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| --- | --- | --- | --- | --- |
| **Which age group(s) do you work with? (Please tick all that apply)** | | | | |
| Early years – (0-2 years) | Children – preschool (3-4 years) | Children – primary school | Children – secondary school | Young people – (18-25) |

|  |  |
| --- | --- |
| **Where do you work? (Please tick)** | |
| England | Wales |
| Scotland | Northern Ireland |

|  |  |
| --- | --- |
| **Which setting(s) do you work in? (Please tick all that apply)** | |
| Peripatetic service | Secure setting / mental health hospital |
| School – special school for deaf CYP | Children's centre / early years setting |
| School – specialist units or resource base | Further education college |
| Special school – other e.g. MSI | University or HEI |

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| **Do you have any experience in the following? (Please tick)** | |
| Experience of being on a steering group / working group | Development of guidance, standards or position papers |

|  |  |
| --- | --- |
| **Do you have any additional specialisms? (Please tick all that apply)** | |
| Early years (0-2 years) | Mental health |
| ICTOD | Other SEN e.g. dyslexia, language disorders etc. |
| Educational audiologist | Post-16 |
| MSI |  |

**SUPPORTING STATEMENT (max. 250 words)**

Please provide any additional information that you think is relevant to your application below.

Please return your completed form to Lesley-Ann Gallagher: [preselect@batod.org.uk](mailto:preselect@batod.org.uk) upon completion.