

Lifting Barriers

Lottery Funded Dyslexia Support



Application Form – SCHOOL



School Name: _____

School Address: _____

Post code: _____

School website: _____

Contact Name 1: _____

Job Title: _____

Phone number: _____ Mobile: _____

Email: _____

Contact Name 2: _____

Job Title: _____

Phone number: _____ Mobile: _____

Email: _____

Number of pupils on roll: _____

Estimated number of pupils to use IDL during the Lifting Barriers project: _____

Estimated number of staff to be trained as IDL special needs advisors: _____

Do project staff hold enhanced CRB clearance? **Yes / No**

Are suitable premises available (reliable internet connection, quiet environment, privacy)? **Yes / No**

Is suitable equipment available (computers, headphones, microphones)? **Yes / No**

I would like to apply for lottery funded IDL dyslexia support provision on the Lifting Barriers project.

Name (please print): _____

Signature: _____ Date: _____