

# Lifting Barriers

Lottery Funded Dyslexia Support



## Application Form – COMMUNITY VENUE



Venue Name: \_\_\_\_\_

Venue Address: \_\_\_\_\_

\_\_\_\_\_ Post code: \_\_\_\_\_

Venue website: \_\_\_\_\_

Contact Name 1: \_\_\_\_\_

Job Title: \_\_\_\_\_

Phone number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Name 2: \_\_\_\_\_

Job Title: \_\_\_\_\_

Phone number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Number of venue users/students on roll: \_\_\_\_\_

Estimated number of students to use IDL during the Lifting Barriers project: \_\_\_\_\_

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

Project staff hold enhanced CRB clearance? **Yes / No**

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

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): \_\_\_\_\_ Job Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_