****

**Communications Access Symbol – eLearning**

**Application form for SUPPORTING AUTHOR/PEER REVIEWER**

**Please only apply if you can commit to the initial timeframe outlined in the role advert**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Member details** | | | | |
| Name | |  | | |
| Membership number | |  | | |
| Telephone number | |  | | |
| Email address | |  | | |
| Job title and current employer | |  | | |
| **Please complete the information below to support the RCSLT to ensure a range of skills, knowledge and experience across the project.** | | | | |
| **Please indicate where you are located** | | | | |
| England | | | Scotland | |
| Norther Ireland | | | Wales | |
| **Which of the following descriptions apply to you? Please tick all that apply** | | | | |
| Speech and language therapist | | | Newly qualified practitioner (NQP) | |
| SLT Manager | | | Researcher | |
| Student member | | | SLT assistant | |
| RCSLT Adviser | | |  | |
| **Which sector(s) are you currently employed in? Please tick all that apply** | | | | |
| NHS Trust | | | University / Higher Education | |
| Independent practice (sole trader) | | | Independent practice (more than one SLT) | |
| School (directly employed by) | | | Employed by local authority | |
| Independent (contracted on sessional basis) | | | Contracted by NHS | |
| Justice | | | Private health service (e.g. BUPA) | |
| Not for profit / third sector | | | Voluntary sector | |
| Social care / services | | | Social enterprise / public sector mutual | |
| Other – please specify: | | | | |
|  | | | | |
| **Which client group(s) do you work with? Please tick all that apply** | | | | |
| Children - acute | Children - preschool | | | Children – primary school |
| Children – secondary school | Young people (18-25) | | | ☐ Adults |
| Adults – acute | Adults with learning disabilities | | | ☐ Adults – mental health |
| Other – please specify: | | | | |
|  | | | | |
| **Which setting do you work in?** | | | | |
| Acute Setting | | | Other hospital setting | |
| Community health setting i.e. clinics | | | Private practice settings | |
| Mainstream school | | | University | |
| Private school | | | Further education | |
| ☐ Private practice setting | | | Patient / client’s own house | |
| ☐ Secure setting | | |  | |
| Other – please specify: | | | | |

**SUPPORTING STATEMENT (max. 250 words) - for supporting author & peer reviewer applications**

Please try and explain why you feel you are suited to the role that you are applying, in helping to develop the communications access symbol eLearning, and if possible include details of your:

* **Experience and knowledge of communication accessibility/inclusive communication**
* **Knowledge of CAUK and experience of the face to face training package**
* **Recognition that this has been tried and tested in different settings through the early adopter stage**
* **Passion for supporting people with communication support needs out in the community**
* **Experience of working in project groups**

Please return your completed form to [info@communication-access.co.uk](mailto:info@communication-access.co.uk)