|  |  |
| --- | --- |
| Full name of person to be assessed: | Click or tap here to enter text. |

Date of Birth: Click or tap here to enter text. [ ] Male [ ] Female [ ] Other School: Click or tap here to enter text.

***Contact information***

|  |  |  |
| --- | --- | --- |
|  | **Adult seeking help OR parent/caregiver/guardian of child seeking help** | **Other parent/caregiver/guardian****of child** |
| **First Name** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Family name** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Relationship to person (if applicable)** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Address (include postcode)** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Home contact number** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Work contact number** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Mobile number** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Email address**  | Click or tap here to enter text. | Click or tap here to enter text. |

Please indicate which service(s) the application is for: (NB: adult is aged 18 and older or no longer at school)

[ ] Child assessment [ ] Child assessment for SAC [ ] Adult assessment
 (Special Assessment Conditions)

[ ] Child tuition [ ] Adult tuition

*(If already assessed, please provide date of assessment and a copy of the assessment report)*

Are you submitting a Financial Assistance application? [ ] Yes [ ] No

***Membership Fee***

[ ] With current parent/caregiver Community Services Card - $75 *please provide a copy of the card.*

[ ] Without a current Community Services Card - $120

[ ] Please tick if you need a receipt *(This form becomes a tax invoice once paid)*

 *NB: Financial membership must be renewed each year to receive SPELD NZ services.*

**Please pay the membership fees via direct deposit to:**

**12-3061-0395660-00**: *Please use your name as the reference and “new” as the code.*

***Declarations***

[ ]  ***I am the parent/caregiver/guardian/aged over 18yrs and am requesting SPELD NZ services***As part of SPELD NZ’s professional quality assurance policy, we regularly review our professional members’ work – i.e. assessors and teachers. Confidentiality is assured as all personal details of the SPELD NZ member are removed (other than first name).

[ ]  ***I do*** [ ]  ***do not give permission for my/my child’s assessment to be reviewed by SPELD NZ.
I consent to becoming a member of SPELD NZ Inc.***Signature: Date:

***What to do next***

Once this form has been completed and signed, please post or email all your paperwork to your local SPELD NZ Regional Office. (Please review the SPELD NZ map to confirm your region)

Northern Region: PO Box 24-617, Royal Oak, Auckland 1345 northern@speld.org.nz

Central Region: PO Box 2008, Hastings 4156 central@speld.org.nz

Southern Region: PO Box 27 253, Shirley Box Lobby, Christchurch 8640 southern@speld.org.nz

***Before sending the paperwork, please make sure you have enclosed the following:***

**All:**

[ ] Completed and signed Membership Application form

[ ]  Paid membership fee

[ ]  Completed Financial Assistance Application form (if appropriate)

 [ ]  Provided copy of your current Community Services Card (if appropriate)
 [ ]  Provided copy of child’s birth certificate if the parent’s surname is different from the child’s

[ ]  Provided copy of guardianship papers (if appropriate)

[ ] Completed Statistics form

 **And**

**For all assessment requests: For those already assessed and seeking tuition**

[ ] Completed Confidential Case History form [ ]  Provided copy of the recent assessment report

**Child assessment requests:**[ ] Completed School Questionnaire

[ ]  Provided copy of child’s most recent school report
[ ]  Provided samples of child’s writing

**Statistical information form**

**LLG/ Region Date**SPELD NZ collects data about the students assessed and taught by the organisation’s professional members. As the information is for statistical purposes only, the information will remain confidential and will be held at the SPELD NZ office, for planning and funding purposes.

(**Please tick the best answer)**

**Please indicate who is completing this form:** 1. Parent/Guardian [ ]  2. Adult [ ]  3. Other [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender of student receiving SPELD NZ help:**  1. Male [ ]  2. Female [ ]  3. Other [ ]

 **Age of student:**  \_\_\_\_ years \_\_\_\_ months (e.g. 9.10)

**Student’s ethnic origin:** 1. European/Pakeha [ ] 2**.** Maori [ ]  3. Pacific Island [ ]  4. Asian [ ]

5. Other [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. Mixed Ethnicity (please state)[ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 7. Unknown [ ]

 **Family Income (optional):** 1.$20,000 **–** $30,000 [ ]  2. $30,000 - $40,000 [ ]  3. $40,000 - $50,000 [ ]

4. $50,000 - $60,000 [ ]  5. $60,000 - $70,000 [ ]  6. $70,000 and over [ ]  7. Unknown [ ]

 **How did you hear about SPELD NZ?** 1**.** School [ ]  2. Health Professional [ ]  3. Family [ ]

4.SPELD NZ member [ ]  5. Friend [ ]  6. Advertisement [ ]  7. Web site [ ]

8. Other [ ]  (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Learning Difficulties in the family**

Do any members of your family/whanau have similar problems? 1. YES [ ]  2. NO [ ]

**Student difficulties:** Please tick difficulties experienced by the student.

1. Reading [ ]  2. Handwriting [ ]  3. Spelling [ ]  4. Written expression [ ]  5. Maths [ ]

6. Speech [ ]  7. Clumsiness [ ]  8. Lacking concentration [ ]  9. Hearing/listening [ ]

10. Comprehension [ ]  11. Other [ ]  (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How old was the student when the problem(s) were first noticed? \_\_\_\_\_**years**\_\_\_\_** months (e.g. 8.11)

**What other help, apart from SPELD NZ, has been offered to or received by the student:**

1. Reading Recovery [ ]  2. Kip McGrath[ ]  3. Rainbow Reading [ ]  4. RTLB [ ]

5. RT Lit [ ]  6. Teacher Aide [ ]  7. Other [ ]  (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Admin-Stats S1 Dec 2022