

# APPLICATION FORM FOR DSF TUTOR REGISTRATION



DSF keeps a register of Tutors / Specialist Teachers who are available to tutor children and / or adults with specific learning disabilities and difficulties. If you would like to apply for Tutor / Specialist Teacher registration, and meet all the DSF requirements, your name may be placed on this register.

We will make every effort to put you in contact with students; however, there are times when there may be limited demand for tutors in your locality. It is also essential that we be kept informed of your availability to tutor students and whether or not you have available spaces.

Please note: **DSF does not directly employ Tutors / Specialist Teachers**, nor is it involved in the financial arrangements between tutors and families. Our role is to match prospective students with registered tutors and then to monitor the student's progress.

## Personal Information

Name

Address		Suburb	Postcode
Home Phone Number	Mobile Number	Email Address	
Australian Tax File Number		Do you have a current Working With Children (WWC) Card? Yes <input type="checkbox"/> No* <input type="checkbox"/>	

What are you currently qualified to work as?

Teacher  Education Assistant  Speech Pathologist  Other (details): \_\_\_\_\_

*\*NB: A current WWC card is required prior to formal registration*

## Tertiary Qualifications

Institution	Degree / Diploma	Year Awarded

## Other Relevant Training

Company / Person providing training	Course	Year Attended

**APPLICATION FORM  
FOR DSF TUTOR REGISTRATION (continued)**



**Recent Classroom Teaching Experience**

Year	Location / School	Year Level/s	Subjects

**Recent Tutoring (or One-To-One Teaching) Experience**

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Overall number of years classroom teaching: \_\_\_\_\_

Have you had experience working with students with SLDs\*?      **Yes**       **No**

Have you had experience developing Individual Education Plans (IEPs)?      **Yes**       **No**

*(Please attach copies of any examples of IEPs / GEPs / CAPs that you have developed for students with SLDs\*)*

**Examples of Programs used Successfully with Students with SLDs\* (if any)**

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**Preferred Assessment Tools / Methods used to Identify Children with SLDs\***

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\* SLD – Specific Learning Disability or Difficulty

**APPLICATION FORM  
FOR DSF TUTOR REGISTRATION (continued)**

**Have you Attended any DSF Workshops / Seminars ?**

Yes  No

DETAILS *(Please provide completion certificates):*

**Details of Areas you Would Like to be Registered for**

If you successfully complete your DSF training and are approved for Tutor Registration, what age groups or year levels would you prefer to tutor / teach in? *(Tick any that apply)*

Junior Primary  Middle Primary  Upper Primary  Secondary  ATAR   
Adults (Foundation / Functional Literacy)  Adults (Tertiary / TAFE level)   
Other *(Please specify below)*

Please list which subject areas you would like to provide tutoring in *(you must have experience in these areas):*

**Proposed Tutoring Details**

Where would you prefer tutoring sessions to take place? *(Tick any that apply)*

Own Home  Student's Home  At a School  Flexible

Would you be interested in tutoring a child in their school? Yes  No

Would you be interested in tutoring at one of the DSF Literacy Clinics? Yes  No  Unsure

Are you prepared to travel? Yes  No  If so, how far from home? \_\_\_\_\_

If tutoring from home, what working space would be available? \*\* \_\_\_\_\_

**\*\* PLEASE NOTE: The minimum requirements for tutoring from your home include:**

- *Distraction free environment i.e. no other children, pets, television, or people walking through;*
- *Tidy, clean and clutter free space;*
- *No smoking or eating while students are present; and,*
- *Lesson plan and responsive notes provided.*

**APPLICATION FORM  
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**Details of Two PROFESSIONAL / EDUCATIONAL Referees**

Name	Phone	Email

**DSF Membership**

Do you currently have a Family or Professional DSF Membership?      **Yes**     **No**

**DETAILS:**

*\* NB: DSF Membership is required once accepted as a DSF Tutor / Specialist Teacher*

**Signature Disclaimer**

**I wish to apply to be considered for registration as a DSF Tutor / Specialist Teacher:**

*I have read and understood the DSF Tutor Guidelines. I certify that my answers are true and complete to the best of my knowledge. If this application leads to DSF Tutor registration, I understand that false or misleading information in my application or interview may result in my removal and deregistration by DSF.*

Name (Please Print)	Signature
Date	

**CHECKLIST**

**Please take the time to make sure your application is completed properly before submitting**

- Completed and signed application form
- Attached a copy of your resume / CV
- Attached copies of any tertiary qualifications
- Attached a copy of your Working With Children (WWC) Card
- Attached examples of any IEP / GEP / CAP plans
- Attached copies of any DSF course certificates

**Please email your completed application to [tutormanagement@dsf.net.au](mailto:tutormanagement@dsf.net.au)  
or Post to PO Box 409 SOUTH PERTH WA 6951**

**If you have any queries please feel free to contact the  
DSF Tutor Management Team on 9217 2500**