



Application of the Short Course
“Teaching Children with Learning Disabilities”
Department of Special Needs Education
Faculty of Education
The Open University of Sri Lanka

**Passport Size
Photograph**

*Please paste the
photograph when
you apply.*

For Office Use Only

Registered Date : (DD/MM/YYYY) Registration No. : Batch No. :

1. Medium of the short course (Please mark X in the relevant box) :

English		Sinhala		Tamil	
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2. Nearest OUSL regional center (Please refer the OUSL website: <https://ou.ac.lk/res>) :

3. Title (Please mark X in the relevant box) :

Mr.		Miss.		Mrs.		Dr.		Prof.		Rev.	
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4. Name with initials (In block letters, as per NIC) :

5. Full name (In block letters, as per NIC) :

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6. NIC number : 7. Issued date of NIC : (DD/MM/YYYY)

8. Permanent address (In block letters) :

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9. Contact number 1 (Whatsapp number) : Contact number 2 (If available) :

10. E-mail address :

11. Date of birth : (DD/MM/YYYY) 12. Age (For the date of applying) :

13. Educational qualifications (Please mark X, only for the highest qualification that you have)

Graduate		Higher Diploma		Diploma		A/L		O/L		Other (If other, describe in the below)	
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14. Experience in the field of “Special Needs”

Applicable (If applicable, describe in the below)		Not applicable (If not applicable, describe your interest in studying this course below)	
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I hereby certify that the above information is true and accurate to the best of my knowledge.

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Date (DD/MM/YYYY)

.....
Signature