Two Day Workshop and Information Sessions for PARENTS/CARERS of School Aged Students on the Autism Spectrum

Workshop: QLDPC17  Location: BRISBANE METRO SOUTH

The two day workshop and information sessions for parents/carers of school aged students on the autism spectrum are part of the Positive Partnerships: supporting school aged students on the autism spectrum initiatives. These initiatives are funded by the Department of Education and Workplace Relations (DEEWR) through the Australian Government’s Helping Children with Autism package, and also includes a national professional development program for teachers and other school staff. The Positive Partnerships initiatives are being developed and delivered by the Australian Autism Education & Training Consortium (AAETC).

What will you learn?
As a result of participating in the workshops and information sessions as parents/carers you will gain:
- information on the most up to date information about ASD and how this directly impacts on your child’s learning at school;
- an understanding about the processes and strategies for effective parent, school and teacher partnerships;
- specific strategies on how to advocate to support your child’s participation and ongoing learning needs;
- information about your local school system’s processes to support learning at all stages of the educational pathway; and
- opportunities for you to network with other parents/carers and local support personnel.

Workshop details
Venue: Comfort Inn & Suites Robertson Gardens
281 Kessels Road Robertson

When: Two-Day Workshop – 1 & 2 June 2010
Day 1: 9.00 a.m. - 4.30 p.m (Registration from 8.15am)
Day 2: Information Sessions 9 a.m. – 4.00 p.m

Registration opens 6 weeks before the workshop, and closes 1 week prior.

Registration may stay open up to one day before the workshop if spaces are still available, but we strongly recommend that you register as soon as possible.

You will receive a confirmation of your registration.

Online registrations preferred: please go to the website www.autismtraining.com.au. If you know of someone who wishes to attend but is unable to register online, please print this form for them to fax and/or mail to ensure a place.

Only complete the following form if you do not have access to the internet and fax or mail to:
Fax: 03 8610 2170; Mail: Think Business Events, Suite 6, 19 - 23 Hoddle St, Richmond VIC 3121
Positive Partnerships Info Line number: 1300 881 971
Two-day workshop and information sessions for PARENTS/CARERS of School Aged Students on the Autism Spectrum

Registration Form

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Mail to: Think Business Events, Suite 6, 19 - 23 Hoddle St, Richmond VIC 3121

This form allows you to register to attend the Parent/Carer Workshops and Information Sessions.
Each person attending must complete their own form even if from the same family.

The locations and dates for each of the Parent/Carer Workshops and Information Sessions were chosen through a collaborative planning process in each state and territory.

If you are interested in attending as an observer please indicate in the box below. As demand from parents to attend these workshops is extremely high we can only offer a small number of places for interested persons who are not parents or primary care givers for children with an ASD. A National Team Member will contact you prior to the workshop to inform you of available places. It is important to understand that the two day workshop and information sessions have been designed for families and their privacy should be respected at all times.

For more information, please contact gaeltc@autismspectrum.org.au or call 1300 881 971

<table>
<thead>
<tr>
<th>Code: QLDPC17</th>
<th>Location: BRISBANE METRO SOUTH</th>
<th>Dates: 1 &amp; 2 June 2010</th>
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</thead>
</table>

**CONTACT INFORMATION**

Title:  
Mr  
Mrs  
Ms  
Prof  
Dr.  
Other:  

First Name:  
Last Name(s):  

Mailing address:  

City/Suburb:  
State:  
Postal Code:  

Email 1:  
(for confirmation and reminders)  

Email 2:  
(for confirmation and reminders)  

Phone (daytime):  
Phone (home):  

Mobile Phone:  

**GENERAL INFORMATION**

Please answer by ticking (✓) the appropriate box

1. Would like to attend the workshop as  
Parent?  
Carer?  
Primary Carer?  

2. How did you hear about the workshop?  
Media  
School  
Autism Organisation  
Friend  
Other  

3. Have you attended a Positive Partnerships workshop before?  
Yes  
No  

4. Are you of an Aboriginal or Torres Strait Islander background?  
Yes  
No  

5. Are you from a non-English speaking background?  
Yes  
No  

If YES, please indicate which language  

If YES, do you require an interpreter?  
Yes (a team member will contact you).
GENERAL INFORMATION (Cont’d)

6. Do you require support or communication assistance to participate in the workshop? Yes No
   • If YES, please indicate:

ATTENDANCE

For catering purposes, please indicate which days you will attend
Attending Day 1: Yes No
Attending Day 2: Yes No

DIETARY REQUIREMENTS

Please indicate if you have any dietary requirements
   Vegetarian  Vegan  Gluten free  Halal  Kosher  No nuts
   No red meat  No dairy products  Other: __________________________

INFORMATION SESSIONS

On day two a number of information sessions will be conducted.
Please indicate three areas of interest by writing 1, 2 or 3 in the box provided
1 = first preference, 2 = second preference, 3 = third preference.
If you have no preference, please tick (✓) the "No preference" box

☐ No Preference  ☐ Positive behaviour support
☐ Completing work  ☐ Making friends
☐ Communication strategies  ☐ Managing everyday transitions
☐ Establishing a parent support group  ☐ Siblings
☐ Dealing with Bullying  ☐ Sexuality and personal hygiene

CHILD INFORMATION

Please fill out the required information for each of your children who are on the Autism Spectrum. Please include the age group, the school name and the school address. These details will be used to prepare the information presented during the workshop.

YOUR REGISTRATION CAN NOT BE ACCEPTED UNLESS YOU COMPLETE THIS INFORMATION.

How many children with ASD do you have? __________

Child no. 1 (REQUIRED)  Child no. 2  Child no. 3
Age: (please tick ✓)
   Under 5  5-8
   9-13  14-8
   Under 5  5-8
   9-13  14-8
   Under 5  5-8
   9-13  14-8
School: __________________________
   __________________________
Address: __________________________
   __________________________

Thank you for completing this form