

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

**Workshop:** VICPC17                      **Location:** PORTLAND

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:** Sandilands Restaurant & Reception Centre  
33 Percy Street, Portland

**When:** **Two-Day Workshop** – 19 & 20 October 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

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**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](http://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

Only complete the following form if you do not have access to the internet and fax or mail to:

Fax registrations to: 03 8610 2170

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 [aaetc@autismspectrum.org.au](mailto:aaetc@autismspectrum.org.au) or call **1300 881 971**

**Code:** VICPC17

**Location:** PORTLAND

**Dates:** 19 & 20 October 2010

#### 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 special assistance to participate in the workshop?

**Visual assistance**  
**Hearing assistance**

**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 SESSSIONS**

**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

- |  |   |
|--|---|
| <input type="checkbox"/> No Preference                       | <input type="checkbox"/> Positive behaviour support     |
| <input type="checkbox"/> Completing work                     | <input type="checkbox"/> Making friends                 |
| <input type="checkbox"/> Communication strategies            | <input type="checkbox"/> Managing everyday transitions  |
| <input type="checkbox"/> Establishing a parent support group | <input type="checkbox"/> Siblings                       |
| <input type="checkbox"/> Dealing with Bullying               | <input type="checkbox"/> 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)**

**Age:** (please tick ✓)  
Under 5    5-8  
9-13    14-8

**School:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Child no. 2**

**Age:** (please tick ✓)  
Under 5    5-8  
9-13    14-8

**School:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Child no. 3**

**Age:** (please tick ✓)  
Under 5    5-8  
9--13    14-8

**School:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Thank you for completing this form**