



REGISTRATION FORM

HIGHER CERTIFICATE IN AUTISM

For practitioners and parents/caregivers working with individuals with an Autism Spectrum Disorder (Pre-School, Primary, Secondary & Special Education Schools)

Ms. Anita Russell & Ms. Alina Chua

Autism Consultants

March 1, 2010 to August 3, 2010

Mondays / Tuesdays, 5.30 pm to 9 pm
Pathlight School

Closing Date: February 19, 2010

This training programme has been pre-approved for VCF subsidy

1. ORGANISATION DETAILS (for sponsored participants)

Stamp School or Organisation Name & Address here:

Registration Approved by:

(Name & Signature of School Principal or Head of Organisation)

Registration Liaison Person: _____

Tel: _____ Fax: _____ Email: _____

2. INVOICING DETAILS

Total Participants attending X S\$2,996 = _____

X S\$1,996 = _____ (with S\$1,000 VCF subsidy)

X S\$2,196 = _____ (with S\$ 800 VCF subsidy)

Name on invoice: _____

Name of person invoice to be sent to: _____

Mailing Address: _____

Tel: _____ Fax: _____ Email: _____

Higher Certificate in Autism Programme (March 2010)

Autism Resource Centre (S) Autism Intervention, Training & Consultancy
5 Ang Mo Kio Avenue 10, Singapore 569739

GST no. M90357173G

www.autism.org.sg

Tel: +65 63233258 Fax: +65 63231974

Email: lina.kam@autism.org.sg



3. PARTICIPANT'S INFORMATION		
Name:	NRIC NO.	Designation:
Home Address:		
Contact No. (O/HP/H):	Email:	

Please include copies of your highest educational qualification and any other relevant certification

TERMS AND CONDITIONS:

- Complete the Registration Form. The completed Registration Form, together with full payment, should be submitted to Autism Resource Centre (Singapore) or ARC at No. 5 Ang Mo Kio Avenue 10, Singapore 569739.
- Payment can be by cheque, in cash or via Nets at ARC office. All cheques must be crossed and made payable to "Autism Resource Centre (Singapore)". Cheque payment can be mailed.
- Confirmation of registration is at the discretion of ARC and is subject to availability of seats. Only fully completed registration forms with full payment will be accepted for consideration.
- There will be no refund of fees upon cancellation; however substitution of participant is allowed. Substitution request has to be made in writing and must reach ARC five (5) working days before the training event.
- **The VCF subsidy is only available to participants who successfully complete the training programme. In the event that a participant from your school/organisation does not successfully complete the training programme or fails the programme's assessment components, the school/organisation will be responsible for the amount of the VCF subsidy, which will be invoiced at the end of the training programme.**
- ARC reserves the right to make changes and disclaim responsibility should any change(s) in this training event occur. In the event of cancellation by ARC **only**, a full refund of the fees paid will be made and no other claims allowed.
- For further information and/or clarification, please contact Tanya Lim or Lina Kam on telephone number 6323 3258 from Mondays to Fridays, between 8.30am to 5.30pm, or email Tanya at tanya.lim@autism.org.sg

I acknowledge that I have read, understood and agree to the aforementioned terms and conditions.

Signature of Principal/Head of Organisation & Date

Signature of Participant & Date



Participant to complete the following:

Name: _____

Date: _____

<p>1. State the length of time and period you have been working with individuals with autism</p>	<p>_____ years _____ months</p> <p>From _____ to _____</p>
<p>2. Please tick (√) the context that best describes your current work with individuals with autism</p>	<p><input type="checkbox"/> Working with students with ASD in a mainstream class</p> <p><input type="checkbox"/> Working with students with ASD within a special education class</p> <p><input type="checkbox"/> Working with a student with ASD on a 1:1 basis</p> <p><input type="checkbox"/> Other _____</p>
<p>3. Please tick (√) your current role in relation to your case-study student (must be a student with ASD)</p>	<p><input type="checkbox"/> Therapist</p> <p><input type="checkbox"/> Primary School Teacher</p> <p><input type="checkbox"/> Secondary School Teacher</p> <p><input type="checkbox"/> Special School teacher</p> <p><input type="checkbox"/> Parent/Caregiver</p> <p><input type="checkbox"/> Other _____</p>
<p>4. Please tick (√) and state the age information that best describes your case-study student</p>	<p>Chronological Age of your student:</p> <p><input type="checkbox"/> 6-12 yrs <input type="checkbox"/> 12-18yrs</p> <p>Developmental Age of your student:</p> <p>_____</p>
<p>5. State three challenging moments you have recently experienced during your interactions with individuals on the autism spectrum</p>	<p>1.</p> <p>2.</p> <p>3.</p>
<p>6. State your reasons for joining this training programme</p>	

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