Free two day workshop and information sessions for **parents and carers** of school age children on the autism spectrum

Workshop: 2015QLDPC4 Location: Cairns

Like all school-age students, children with autism spectrum disorder benefit from strong, positive relationships between the home and school. Positive Partnerships uses evidence based materials and practical resources to help support these relationships by facilitating workshops for parents and carers.

What will you learn?

When you come along to a Positive Partnerships workshop, you will:

- Develop a greater understanding of the impact of autism on your child, both at school and at home
- Understand how to develop effective parent, school and teacher partnerships
- Learn specific strategies that will help you:
 - advocate for your child
 - support your child's participation at school
 - develop an awareness of ongoing learning needs
- Receive information about your local school system's processes
- Have the opportunity to network and share strategies with other parents/carers and key community members
- Have the opportunity to discuss a range of topics relevant to students with ASD and their families

People who work to support families living with autism in your community will also be invited to take part with the goal that there is an ongoing community focus beyond the workshop.

Workshop details

Venue: Rydges Esplanade Resort

209 - 217 Abbott Street, Cairns QLD 4870

When: Two day workshop – Tuesday 16 & Wednesday 17 June 2015 – follow up

session is on Wednesday 22 July 2015

Day 1: 9.00 am - 4.30 pm (**Registration from 8.15 am**)

Day 2: 9.00 am - 3.30 pm

Registration available from Tuesday 5 May 2015 and closes two days prior.

We strongly recommend you register as soon as possible to secure your place. You will receive confirmation of your registration.

Online registrations are preferred directly through our secure website www.positivepartnerships.com.au

Only complete the following form if you do not have access to the internet. Return the completed form to:

Email: parentcarer@autismspectrum.org.au

Mail: Positive Partnerships, ASPECT, PO Box 361, Forestville NSW 2087

Fax: 02 9451 9661

Phone the Positive Partnerships Infoline if you have any enquiries: 1300 881 971







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Registration Form

To register please visit www.positivepartnerships.com.au

Only complete the following form if you do not have access to the internet.

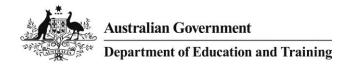
This form allows you to register to attend the Parent/Carer Workshops and some information sessions **Each person attending must complete their own form even if from the same family.**

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.

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

The following information will help the Positive Partnerships facilitators best support you during the workshop

Code: 2015QLDPC4	Location: Cairns	Date: Tuesday 16 & Wednesday 17 June 2019
Contact information		
Title: ☐ Mr ☐ Mrs	\square Ms \square Prof \square Dr.	☐ Other:
First Name:	Last Name(s)):
Email 1:		(for confirmation and reminders)
Email 2:		(for confirmation and reminders)
Mailing address:		
City/Suburb:	State:	Postal Code:
Phone (day): ()	Pho	one (home): ()
Mobile Phone:		
Access to internet:	☐ At home ☐ At work	☐ At home and work
Computer internet skills:	☐ Low ☐ Moderate	☐ High
How many children with a ☐ None ☐ One	diagnosis of Autism Spectrum Two Three or more	do you have / care for:
Mainstream with suppor	program is your child(ren) rece rt	ass
	_	sintegrative Disorder
General information To help the Positive Partn	erships facilitators best suppo	rt you during the workshop.
Please answer by placing 1. Are you: ☐ Male?	a cross ⊠ in the appropriate be ☐ Female?	ox
2. Would like to attend t	he workshop as ☐ Parent?	☐ Grandparent? ☐ Fulltime carer?
3. How did you hear abo☐ Media ☐ School	•	Friend Other:
4. Have you attended a	Positive Partnerships workshop	p before? ☐ Yes ☐ No







5. Have you attended an Early Days workshop before? ☐ Yes ☐ No				
refers to support for yourself at the	Literacy	support with written material		
☐ Translation of information – langua	age \square Vision or	hearing		
7. Do you identify with or belong to anAboriginal or Torres Strait Islande	ny of the following groups? r community	language other than English		
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 ☐ No nuts				
☐ No red meat ☐ No dairy products ☐ Other:				
Information sessions On day two a number of information sessions will be conducted. To assist the Positive Partnerships Team to plan effectively for day two, please indicate two areas of interest:				
Sessions to choose from: Please answer by placing a cross ⊠ in the two appropriate boxes □ Completing work □ Making Friends □ Communication □ Managing Everyday Transitions □ Bullying □ Siblings □ Understanding Behaviour □ Sexuality, Personal Hygiene & Safety Child Information				
Please fill out the required information of Please include age group, school name are This will be used to prepare the information	nd school address.	the Autism Spectrum.		
YOUR REGISTRATION CANNOT 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 check ⊠)	Age : (please check ⊠)	Age: (please check ⊠)		
☐ Under 5 ☐ 5-8	☐ Under 5 ☐ 5-8	☐ Under 5 ☐ 5-8		
☐ 9-13 ☐ 14-18	☐ 9-13 ☐ 14-18	☐ 913 ☐ 14-18		
School: How many years is it since your	School: How many years is it since your	School: How many years is it since your		
child's diagnosis?	child's diagnosis?	child's diagnosis?		
☐ no formal diagnosis yet	\square no formal diagnosis yet	☐ no formal diagnosis yet		
☐ less than two years	☐ less than two years	☐ less than two years		
☐ more than two years	☐ more than two years	☐ more than two years		
Education Sector				
□ Department of Education	□Catholic			
□Independent	□Other			

