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| **Programme Details** | |
| **Date and Location of Intro to Autism Programme** | Please select from the drop-down menu. |

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| **Early Childhood Centre Details (registrations without these details will be added to a waitlist)** | | | | |
| **Name** | Click here to enter text. | **Service ID** | Click here to enter text. | |
| **Address** | Click here to enter text. | | | |
| **Phone(s)** | Click here to enter text. | **Email** | Click here to enter text. | |
| **Primary Participant/Contact** | | | | |
| **Name** | Click here to enter text. | | **Please tick if a registered teacher** |  |
| **Phone(s)** | Click here to enter text. | **Email** | Click here to enter text. | |
| **Ethnicity** | Click here to enter text. | **Gender** | Click here to enter text. | |
| **Additional Participants (please only register multiple participants from the same centre on each form)** | | | | |
| **Name** | Click here to enter text. | | **Please tick if a registered teacher** |  |
| **Ethnicity** | Click here to enter text. | **Gender** | Click here to enter text. | |
| **Name** | Click here to enter text. | | **Please tick if a registered teacher** |  |
| **Ethnicity** | Click here to enter text. | **Gender** | Click here to enter text. | |
| **Name** | Click here to enter text. | | **Please tick if a registered teacher** |  |
| **Ethnicity** | Click here to enter text. | **Gender** | Click here to enter text. | |
| **Centre Visit Request** | | | | |
| **Please tick if you would like to receive centre visits (ticking does not guarantee visits, there will be a selection process)** | | | |  |

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| **How did you hear about the Intro to Autism programme?** | | | |
| **AutismNZ Staff** | **AutismNZ Website** | **Facebook** | |
| **ECE Centre** | **Ministry of Education** | **Word of Mouth** | |
| **Other (please specify)** | Click here to enter text. | | |
| **AutismNZ Membership (automatic, by signing up to this programme you agree to be added to the AutismNZ Membership)** | | | |
| **Tick here to opt-in to email updates and further information from AutismNZ** | | |  |
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| **Important Information** | | |
| **Programme Funding** | Introduction to Autism in an Early Childhood Setting is funded by the Ministry of Education, using Strengthening Early Learning Opportunities (SELO) funding. For more information on SELO please visit <https://www.education.govt.nz/early-childhood/running-an-ece-service/employing-ece-staff/selo/> | |
| **Eligibility and Centre Visits** | This programme is provided using funding specifically for Early Childhood Centres. For this reason, only registrations from Early Childhood Centre staff will be accepted.  Registrations for workshops are taken on a first-come, first served basis. There is a limit of four participants per centre to allow enough space for everyone. Participants over the four will be added to the waitlist and let in one – two weeks prior to programme if space allows.  Centre visits must be requested when registering. Requesting a visit does not guarantee you will receive one. Centres for visits will be selected by Ministry of Education Learning Support and Autism New Zealand. | |
| **Programme Times** | Tauranga | Workshop, 17 October, 9:30am – 3:30pm |
| Visit One, 31 October, time TBA with your Educator |
| Visit Two, 13 November, time TBA with your Educator |
| Final Workshop, 22 November, 9am – 12pm |
| Rotorua | Workshop, 18 October, 9:30am – 3:30pm |
| Visit One, 1 November, time TBA with your Educator |
| Visit Two, 14 November, time TBA with your Educator |
| Final Workshop, 22 November, 1:30pm – 4:30pm |
| ALL participants are expected to attend BOTH workshop dates.  Visits will only be arranged for selected centres.  If a programme time is changed, registered participants will be notified by email as soon as possible. | |
| **Registration Confirmation** | Emailed forms (preferred) will receive an email response acknowledging the receipt of their form at the time the email is read (this will be sent to the email address that has sent through the form). Posted or faxed forms may not receive a confirmation of registration at the time they’re received.  All registered participants will receive an email reminder approximately two weeks prior to programme start (this will be sent to the email address provided on the form). If no email address is provided we cannot confirm you will receive a reminder.  If wanting to register more than four participants please send multiple forms, with up to four participants on each one. Only the primary contact will receive an email reminder and accepts responsibility for distributing programme information to all additional participants. If multiple participants would like to receive programme emails please send through separate forms with individuals as the primary contact.  If the programme is full at the time your form is received, or you do not meet the eligibility requirements you will be put on a waitlist and notified as soon as possible if a space becomes available. | |
| **Minimum Participants** | Programme subject to postponement or cancellation if a minimum of 10 registered participants is not reached two weeks prior to programme start. Minimum numbers can be changed at AutismNZ’s discretion. Registered participants will be notified by the email provided on their form if the programme is cancelled. | |
| **Maximum Participants** | Workshops: 50 participants.  Centre Visits: 6 centres. | |

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| **When completed please return this form to AutismNZ National Office** | | |
| **Email** | [training@autismnz.org.nz](mailto:training@autismnz.org.nz) (preferred) | **Please direct any queries to** [**training@autismnz.org.nz**](mailto:training@autismnz.org.nz)**, or check our website for contact details of your local branch** [**http://www.autismnz.org.nz**](http://www.autismnz.org.nz) |
| **Post** | PO Box 33481, Petone, Lower Hutt 5046 |