



## REGISTRATION FORM

Please fill out one form for every participant

Name of parent/carer		Family Name	
Child's date of birth			
Child's given name		Child's family name	
Address			
Home phone		Mobile	
Email address			
Do you speak another language other than English?			No Yes, please specify
Do you identify as any of the following groups: Aboriginal or Torres Strait Islander or South Sea Islander?			Yes No
Do you identify with another culture or language group?			No Yes, please specify
Have you registered with the Autism Advisor Program?			No Yes

Workshop you are attending	Location	Date
Introduction		
Development		

Please indicate your preferences if no workshops are scheduled in your area (Please Note: Some workshops may not be available in all locations)	
Workshop (introduction or development)	
Preferred day	
Location/suburb	

Please return completed form to:

Autism Queensland PO Box 354, Sunnybank QLD 4109

Fax 3711 2752

Email [learning@autismqld.com.au](mailto:learning@autismqld.com.au)

Office use only

Date of Consult	
Autism Advisor	