

# Early Intervention Training for Teachers and Primary Caregivers of Children with Autism

## PREAMBLE

This program is organised by Rotary International District 3300, Malaysia under the District Action Group on Autism as part of our humanitarian service to the community. Working together with the National Autism Society of Malaysia (NASOM), apart from creating Awareness of the needs of children with autism, our mission is to promote social Inclusion of children with Autism.

The **Early Intervention Training for Teachers and Primary Caregivers of Children with Autism** Program, in partnership with HELP UNIVERSITY and OASIS PLACE, consists of Part 1 and Part 2 Workshops.

### **PART 1 Workshop: Behaviour Management in Autism**

3-days Residential Workshop at Oasis Place, Malaysia  
Scheduled date: 10 – 12 October 2016

#### **Workshop topics include:**

- Awareness and practical skills on how to recognise the signs of autism
- How to create an autism friendly classroom
- Sensory processing for teachers in a classroom settling
- How to manage challenging behaviours in the classroom

### **PART 2 Workshop: Autistic Spectrum Disorder (ASD)**

Conducted over 4 – 6 weekends within a 6 months period at HELP UNIVERSITY  
Scheduled date: To commence in February 2017

#### **Workshop topics include:**

- Revisit ASD theories and share good practices
- Build confidence and upskill trainees in ASD strategies and interventions
- Empowering trainees in support and services

#### **Application**

- Please submit your Application in the attached form. All Applications must be referred by a Rotary Club or other NGOs and Organisations involved in managing children with Autism.
- 100 Applicants will be selected to attend **PART 1 WORKSHOP**.
- Upon completion of **PART 1 WORKSHOP**, 30 Trainees will be selected from the 100 Trainees to attend **PART 2 WORKSHOP**.

#### **Registration Fee**

- This Program is sponsored by Rotary International District 3300, Malaysia, The Rotary Foundation, Rotary Club of Croydon and Rotary International District 9810, Australia.
- Transport cost to the training centre venue is not included in the sponsorship.
- Successful Applicants are however required to pay a **REFUNDABLE Registration Fee of RM200.00**. The Registration Fee is refundable upon completion of the training program.

#### **Key things that we look for in our Applicants:**

- APPLICANTS to this program **MUST** have experience working with children with Autism.
- A **GENUINE** interest in working with children with Autism. (*This does not necessarily mean professional involvement or expertise*).
- Forms must be **reasonably informative** – i.e. not too sparsely filled out

#### **Important Notice**

Trainees will be awarded Certificate of Attendance for Part 1 Workshop and Certificate of Completion for Part 2 Workshop. **This Program do not qualify Trainees as experts to assess, diagnose and manage individuals with autism.**

# Rotary International District 3300 Malaysia

## Early Intervention Training for Teachers and Primary Caregivers of Children with Autism

### APPLICATION FORM

#### Application Notes

- A) Please complete the application form in full. Where not applicable please fill in N/A. Do not leave any part incomplete.  
 B) Upon successful selection, a Registration Fee of RM200 is payable; the fee is refundable upon completion of the training.

<b>Application Notes:</b>			
<p><b>A) Applicants must have experience working with children with Autism</b></p> <p><b>B) This program is conducted in ENGLISH. The program consists of Part 1 and Part 2.</b></p> <p><b>1. Upon completion of Part 1, participants will obtain a Certificate of Attendance.</b></p> <p><b>2. Upon completion of Part 1 &amp; 2, participants will obtain a Certificate of Completion.</b></p> <p><b>Completion of Part 1 is a pre-requisite for selection &amp; enrolment of Part 2.</b></p> <p><b>Part 1 will be conducted by Oasis Place, Malaysia on 10, 11 &amp; 12 October 2016.</b></p> <p><b>Part 2 will be conducted by HELP University, Malaysia in February 2017.</b></p> <p><i>Note: Dates are subject to change.</i></p>			
<b>PERSONAL INFORMATION</b>			
<b>Full Name</b>			
<b>Current Address</b>	<i>No:</i>	<b>Contact</b>	<i>Tel:</i>
	<i>Street:</i>		
	<i>State:</i>		<i>H/P:</i>
<b>Postcode</b>		<b>Gender</b>	MALE
			FEMALE
<b>Age Group</b>	20 – 30	30 – 40	40 - 50
<b>Nationality</b>			
<b>e-mail Address</b>			
<b>Current Position (Tick whichever applicable)</b>	Teacher		
	Learning Support Administrator		
	Parent with Parent Support Groups		
<b>Work Organisation (Tick whichever applicable)</b>	Government Agency		
	Learning Centre, Schools, Kindergartens, Nurseries, etc.		
	Parent Support Group		
	Individual		
<b>Which age group(s) have you worked with? <i>(Please tick)</i></b>			
0 - 6	7 - 11	12 - 17	>18
<b>Years of working with children with Autism? <i>(Please tick)</i></b>			
<1 year	1 - 2Year (s)	2 - 5 years	>5 years
<b>Average Number of special needs student(s) in the classes that you have worked with? <i>(Please tick)</i></b>			
1 - 1	2 - 5	6-8	more than 8
<b>Have you attended prior training? <i>(Please tick)</i></b>			
N/A	Special education training	General education training	

**OTHER RELEVANT SKILLS THAT SUPPORT THIS APPLICATION**

**State your reasons for signing up for this workshop.  
How would this training benefit you? Three bullet points per subheading only.**

**Personal:**

- \*
- \*
- \*


**Professional:**

- \*
- \*
- \*

**Community:**

- \*
- \*
- \*

<b>Sponsoring Rotary Club/Organisation:</b>			
<b>Name of Sponsoring Rotary Club/Organisation</b>	<b>Contact Person</b>	<b>Mailing Address</b>	<b>Telephone No. &amp; Email Address</b>
<p><b>DECLARATION:</b></p> <p>I hereby certify that the information given in this application are true and correct. I understand and accept that if it is subsequently disclosed that I have given incorrect, misrepresented, omitted or withheld information, which can be to my disadvantage, my application may be disqualified.</p> <p>I acknowledge that this training and the receipt of the Certificate of Attendance (Part 1) and Certificate of Completion (Part2) do not qualify the recipients as experts to assess, diagnose and manage individuals with autism.</p>			
<b>SIGNATURE</b>		<b>DATE</b>	

 Kindly complete all the relevant fields and email to [dag.autism@](mailto:dag.autism@)  
for any queries you may contact Siti Subaidah ( 012.212 9933 /J.Henry ( 012.518 0821 )

**FOR OFFICIAL USE:**

<b>Date Received:</b>			
<b>Committee Review:</b>			
<b>COMMITTEE MEMBER SIGNATURE NAME</b>		<b>APPROVAL DATE</b>	
<b>RM200.00 REFUNDABLE DEPOSIT RECEIVED DATE / MODE</b>		<b>DEPOSIT REFUNDED DATE / MODE</b>	