



For Office Use Only		Student Id	
PA		LS	
AG		AR	
AD		VTK	

Autism Teaching Institute

Course in Autism Spectrum Disorders Support Work Course Code: 40496SA Application Form

INFORMATION AND INSTRUCTIONS TO APPLICANTS

1. Please read course information and entry requirements prior to completing the application form.
2. Course fee: \$550.00

Payment is not required with this form-Application only

Section A: Personal details to be completed by all applicants

1. Family name: _____

2. Given names: _____

Address: _____

State: VIC Postcode: _____

3. Email: _____

4. Phone Numbers:

BH: () _____ AH: () _____ Mob: () _____

5. I am currently employed in a:

Special School/setting
(name of school) _____

Regular School
(name of school) _____

Other
(Please specify) _____

**Priority is given to those applicants who work directly with students with an ASD in either a special or mainstream school/setting.*

Section C: General Information and experience

1. Have you attended the Information Session?

Yes No

2. How did you hear about this course?

The Age Internet Search Flyer

Other (please specify) _____

3. Have you applied for a grant or scholarship to pay for the course?

No Yes

If yes, please provide details as to who your invoice should be made out to (if known).

4. Describe briefly your current work with students with ASD:

I verify that I understand the details given and that the details given are true and correct:

Sign: _____

Date: _____

**Application form to be returned to:
Autism Teaching Institute
PO Box 155
Ascot Vale 3032**