



# Application Form for Teachers and Therapists Intensive Seminar on Literacy in AAC 2010

Please answer all questions below.

**Completed form is due by the 15<sup>th</sup> of November, 2009. No late applications will be accepted.**

## Your Details

Family Name:

First Name:

Address:

City/Suburb:

State:

Postcode:

Country:

Phone (Daytime):

Mobile:

Fax:

Email:

## Your Organisation Details

Job Title:

Organisation:

Organisation Address:

City/Suburb:

State:



Postcode:

Country:

Phone (Daytime):

Mobile:

Fax:

Email:

## Application Questions

1. **Are you a current AGOSCI member in 2009?** YES / NO (please circle)
2. **Please expand on your involvement with AGOSCI throughout your career.**
3. **Please describe your current role within your organisation.**
4. **What are your qualifications?**
5. **Please list any other relevant courses or conferences that you have attended.**
6. **How many days per week are you employed for?**
7. **How many clients would you have contact with within a 12 month period that you would apply this knowledge to?**



8. Please describe the client group that you work with.

10, How will you share this information with your colleagues after the course?

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Please return the completed form in electronic format only on CD or via email to:

AGOSCI  
PO Box 4253  
Doncaster Heights VIC 3109

Or via email to:

[jane@spectronicsinoz.com](mailto:jane@spectronicsinoz.com)