## Business%20Logo

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## ADI-R TRAINING

## PARTICIPANT APPLICATION AND CONSENT FORM

Title:

Last name:

First name:

Date of birth:

Highest level of education attained:

Current position title:

Company/ Employer:

Mailing Address:

City/ Suburb:

State:

Postal code:

Country:

Business Phone:

Home Phone:

Mobile/Cellular:

In case of emergency, alternative contact person’s name and number;

Email:

Alternative email address: In case the course files we need to send you are too large for your organisation’s email address, please provide a gmail, yahoo, hotmail etc address as an alteranative)



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How did you hear about the ADI-R training course?

How will you be using the ADI-R?

Specify your experience in conducting assessments with typically developing (i.e., non-ASD) children and their families:

Specify your experience in conducting assessments with children who have an ASD and their families:

What (if any) assessment tools have you been using to conduct diagnostic assessments for Autism and other neurodevelopmental disorders until now?

Please tick one of the following options:

I have no previous experience in administering and coding the ADI-R for diagnostic assessments

I have some previous experience in administering and coding the ADI-R for diagnostic assessments



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STATEMENT OF CONSENT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read (or where appropriate, have had read to me) and understand the information outlined in the letter above, and any questions I have asked have been answered to my satisfaction. I wish to confirm my request for a place in the ADI-R training course. I agree with the conditions outlined in the letter above regarding payment and pre-course preparation.

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

(*block letters)*

Signature: Date:

**Trainer’s Name: DR ANNE CHALFANT

Trainer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: 20.11.2020

**Please note any dietary requirements or allergies here:**

Please send your application and consent form to:

Dr Anne Chalfant

E-mail: [anne.chalfant@anniescentre.com](mailto:anne.chalfant@anniescentre.com)



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**PRE-COURSE PREPARATION STEPS**

**Important Information (NB: please retain for your preparation for the course)**:

The ADI-R is a tool for clinicians wishing to achieve specialist skills in the assessment and diagnosis of Autism and related neurodevelopmental difficulties. Consequently, the ADI-R training course is an *intensive* course that requires work to be completed both *pre-course* and *post-course*. It is important that you allow yourself enough time to complete the pre-course work before attending the course. To ensure that you are appropriately prepared, please follow these steps if you receive confirmation of your place in the training course:

* **Step 1:** If you do not have access to an ADI-R manual, then please order one from Western Psychological Services (WPS; [www.wpspublish.com](http://www.wpspublish.com/) ) or Pearson Clinical Assessment (<https://www.pearsonclinical.com.au>). The manual normally arrives within 7-10 working days of your order. If you order from Pearson Clinical Assessment, then you might find it helpful to email Valorie O’Keefe ([valorie.okeefe@pearson.com](mailto:valorie.okeefe@pearson.com)). Please let her know that you are attending the training course and need to purchase materials ahead of the course in order to complete the pre-course work. Otherwise, Pearson might not allow you to purchase materials in advance of training. Alternatively, they might wish to see evidence of your confirmed place in the training course in the form of your payment receipt.
* If you order from WPS in the USA, then the process should be relatively seamless. Delivery is typically very quick. However, you might need to pay a customs duty in order to have materials delivered to you and you need to be mindful of the exchange rate difference.
* **Step 2:** Conduct a practice ADI-R administration. The purpose of the pre-course administration is to help you become more familiar with the ADI-R before attending the course. I will look at your administration tapes and give you feedback during the course. It is useful to conduct your administrations with parents of children who already have a formal diagnosis of Autism. In the worst-case scenario, you can complete your pre-course administrations by administering the ADI-R to a colleague or other adult. **Please note: I do understand that professionals lead busy lives, so if you do not have time to complete this step before the course, then you can complete it after attending training instead.**
* **Step 3:** Watch the video of the administration that I send to you. You do not need to code the video. However, in order to familiarise yourself with the ADI-R coding system, it will be useful to read through the codes assigned immediately after you watch the video.

The pre-course work typically takes approximately 6 hours to complete. This does not include the time you will need to order ADI-R materials and find volunteer adults with whom to practice the ADI-R administration.

For further information on the ADI-R you can access the WPS website which also includes FAQ's and other relevant information or the website for Weill Cornell Medical College, Centre for Autism and the Developing Brain.

<http://www.cornellpsychiatry.org/education/autism.html>.

Spaces will be limited and allocated on a “first in best dressed” basis based on full payment.

Venue: Training will be held in Sydney, NSW Australia. A specific venue will be determined closer to the training date.