

Attention Integration Aides, Students, Parents & Teachers

Do you work with or are you interested in working with children diagnosed with an Autism Spectrum Disorder?

BECOME A PROFESSIONALLY TRAINED BEHAVIOURAL THERAPIST!

ABIA offer a three -day training program that covers topics needed to become an effective and professional trained Applied Behaviour Analysis (ABA) therapist.

The course will cover both theoretical and practical aspects needed to work with children with an Autism Spectrum Disorder.

Trained ABA professionals facilitate the program with extensive experience in the Autism field. The program focuses on the development and acquisition of skills needed to practice as an effective ABA Therapist and work with children with an ASD.

Upon course completion participants will receive a certificate, which will be viewed highly by those seeking ABA therapists and Aides. It will also be useful for those seeking other avenues of employment/study in the education and disability fields.

Topics covered:

- Understanding Autism Spectrum Disorder.
- Generalisation & Maintenance of behaviours.
- Task Analysis.
- Functional Behavioural Assessment.
- Problem Solving.
- Reinforcement.
- Behaviour Management Strategies.

If you are genuinely interested in learning more about Autism and behavioural intervention, this training program is highly recommended.

VENUE ABIA, Suite 2, 437 Canterbury Rd, Surrey Hills

COST ABIA member/Student **\$500** (inc. GST)
Non-member **\$550** (inc. GST)
HCWA/FaHCSIA funding **\$600** (inc. GST)

To register, fill in the form below and return it to ABIA. For more information contact ABIA on (03) **9830 0677** or email info@abia.net.au



Autism Behavioural Intervention | **ABIA**
ASSOCIATION

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Registration Form/Tax Invoice

Your completed registration form will constitute a tax invoice. Please retain a photocopy for your own records so you can claim a GST input tax credit

Program runs subject to minimum numbers. You will receive confirmation of registration (or notice of cancellation if applicable).

Name _____

Address _____

Postcode _____

Phone _____ Mob _____ email _____

2010 Program Dates (Please tick preferred date)

- | | | |
|--|---|---|
| <input type="checkbox"/> February 8-10 (Mon-Wed) | <input type="checkbox"/> March 10, 17, 24 (3xWed) | <input type="checkbox"/> April 13-15 (Tues-Thurs) |
| <input type="checkbox"/> May 11, 18, 25 (3xTues) | <input type="checkbox"/> June 7-9 (Mon-Wed) | <input type="checkbox"/> July 14-16 (Wed-Fri) |
| <input type="checkbox"/> August 3, 10, 17 (3xTues) | <input type="checkbox"/> September 6-8 (Mon-Wed) | <input type="checkbox"/> October 11-13 (Mon-Wed) |
| <input type="checkbox"/> November 8-10 (Mon-Wed) | <input type="checkbox"/> November 22-24 (Mon-Wed) | |
| <input type="checkbox"/> December 1-3 (Wed-Fri) | <input type="checkbox"/> December 8-10 (Wed-Fri) | |

How did you hear about ABIA? Website I am a member Ad: _____ Other: _____

I would like to become a member: Student \$45 Family \$50 Sole Practitioner \$70 Org \$200

- I will pay with Helping Children with Autism (HCWA)/FaHCSIA funding
 I will pay by cheque/money order (made payable to ABIA)
 I will pay by VISA MASTERCARD Please debit my credit card \$ _____

Name on Card: _____ Signature _____

Card number: _____ Exp Date: _____ / _____

Send to: **Therapist Program, ABIA, PO Box 239, Canterbury 3126**