



education & training hub for autism needs

Registration Pack

Consent Form

Disclaimer

Registration Form

Welcome to the ETHAN Project!

The following registration pack is designed to gather some important background information and to enable us to understand your needs better. It will also assist us with establishing a baseline of your child's current level of functioning and the kind of support you, your child, and your family can most benefit from.

Please complete every question in each part. Your program manager will guide you and ask you to complete the relevant forms.

Your registration with the ETHAN Project is voluntary. You may choose to withdraw at any time or refuse to participate.

Information shared in this registration form, will be treated with the strictest confidence. Any information will be communicated in a way that is respectful and mindful towards you and your child. Any gathered information will only be shared with approved associates/suppliers of the ETHAN Project.

There are no foreseen risks to taking part in this registration.

The benefits of participating are; that you will be able to: (1) register for services provided by the ETHAN Project (2) get a better understanding of your child with autism/suspected autism, (3) enable the ETHAN Project to support you in developing a baseline assessment of your child, and (4) provide you with some guidance and/or referrals for suitable interventions for your child. In addition, you will also be able to benefit from any advice and/or training that could be provided to you.

The form is easy to complete and each part should take you no more than 10 minutes to complete.

Thanks so much

Diane Hobbs

Director

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Certificate of Consent

I have been explained that the registration process is voluntary and the proposed support that the Education and Training Hub for Autism Needs (ETHAN Project) can and cannot provide.

I understand that participation for me and my child is voluntary. I understand that I can withdraw myself and my child from the registration, associated activities, and programmes at any given time.

I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I know who to contact if I have any additional questions or concerns.

I consent voluntarily for my child to participate in this programme.

yes	no
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I consent voluntarily for myself to participate in this programme.

yes	no
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Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Name of the Child _____

Date _____

Day/month/year

Parent Disclaimer

The Education and Training Hub for Autism Needs (ETHAN Project) is a group of people (including parents) who are dedicated to improving the quality of life of children and adults affected by autism by providing information, resources and support to the community, and especially to families affected by autism. The Education and Training Hub for Autism Needs (ETHAN Project) is a non-profit organization.

Registration with the ETHAN Project allows families access to experienced parents and professionals who share information and support related to autism. The ETHAN Project aims to help and support families and we recognize that autism is a complex condition and we do not have all the answers related to autism. This disclaimer is aimed at making the participating family aware of this and to seek release of the ETHAN Project from liability as described below.

By signing this disclaimer, the Participating Family acknowledges that the ETHAN Project makes no warranty that any particular level of support services shall be provided. During the course they may communicate general information regarding medical research, treatment options, therapies and nutrition to the Participating Family. The information may come from a variety of sources, and the Participating Family should assume that the ETHAN Project does not independently verify any of it. Nothing communicated during the support relation should be construed as medical advice. The Participating Family should always consult his or her child's doctor regarding the child's individual needs. During the course of the any interaction with ETHAN general information regarding legal issues or legal matters may be communicated to the Participating Family. The information is intended for informational purposes only and should not be construed by the Participating Family as legal advice or a substitute for legal advice.

The Participating Family agrees to hold harmless, ETHAN's Advisors, Officers, Directors, Trustees, Employees, Volunteers, Agents, Representatives, Affiliates, and all other persons acting on any of their behalf (collectively, the "Released Persons") with respect to the conduct of the ETHAN Project. This includes any and all liability, claims, loss, damages or other legal responsibility arising directly or indirectly out of or relating in any manner to any injury, loss or damage, death that arises from, or in connection with, the registration at ETHAN or any advice, programmes or interventions provided by ETHAN and the Released Persons.

For all purposes of this agreement, the term Participating Family shall include each person within the immediate family of the family participating in the program, and all persons operating through said family (for example, legal guardians, representatives, etc.) and all releases contained herein shall extend to all such persons.

The Participating Family agrees to defend and indemnify all Released Persons against any claim, demand, lawsuit or other proceeding by or on behalf of any person seeking to enforce any right or liability waived, discharged or released above.

Participating Family agrees that this release and waiver is to be interpreted as broadly and inclusively as is permitted by law, and that should any portion of it be deemed unlawful or unenforceable, the remainder shall continue in full force and effect and shall be interpreted to on form as closely as possible to the intentions expressed herein.

I agree to the above disclaimer

yes	no
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Name of Parent/Guardian _____ Signature of Parent/Guardian _____

Name of Child _____ Date: _____

ETHAN Project: REGISTRATION FORM

A. PARENT INFORMATION	
1. Details of Mother	
First Name	
Surname	
Phone	(c) (h) (w)
Email	
Home Address	
Marital Status	Married () Divorced () Single ()
Race Group	
Employment	Homemaker () Unemployed () Full-time employed () Part-time employed ()
Job Role/Title	

2. Details of Father	
First Name	
Surname	
Phone	(c) (h) (w)
Email	
Home Address	
Marital Status	Married () Divorced () Single ()
Race Group	
Employment	Homemaker () Unemployed () Full-time employed () Part-time employed ()
Job Role/Title	

B. CHILD INFORMATION	
1. Details of Child	
First Name	
Surname	
Date of Birth	
Current Age	
Gender	Male () Female ()
Autism Diagnosis	Yes() No ()
Type of Autism	

If your child has an autism diagnosis at what age was your child diagnosed with autism and by whom?

Age diagnosed: ____ years ____ months	Who did diagnosis?
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What current therapies and educational options is the child with autism or suspected autism taking part in? Tick all that apply.

Special needs school	
Mainstream school	
Home school	
No formal schooling	
Speech therapy	
Occupational Therapy	
Individual Development Program	
Medication	
Special diet (e.g. gluten free casein free)	
Biomedical Intervention (Vitamins/Supplements)	
Applied Behavioral Analysis (ABA)	
Social Skills Development Program	
Other (please specify)	

Please indicate your family structure.

Does your child have siblings (brothers and sisters?)	Yes () No ()
Details of siblings (Gender, Names, Ages)	
Any other information:	

Please answer the following questions about your child with autism/suspected autism

What are your child's areas of strength?

What types of things work best for your child in terms of rewards and motivation?

Does your child have any balance, coordination, or physical challenges that affects his or her ability to participate in exercise? If so, please describe:

How does your child best communicate with others?

Spoken language	
Written language	
Sign language	
Communication device	
Combination of the above (please describe):	

What behaviours related to autism spectrum disorder should we be aware of? (Aggression, Climbing, Hitting, Escaping/running, melt-downs, spitting, scratching, other)

Are there known triggers for these behaviours?

Sensory sensitivity	
Social attention	
Change in schedule or routine	
Escape a boring task	
Hurt feelings	
Other:	

Does your child have sensory needs we be aware of?

Yes		No	
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If yes, what type of sensory sensitivity does your child have?

Sight	
Hearing	
Smells	
Touch	
Taste	
Other	

Is your child currently on any medication?

Yes		No	
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If yes, please specify (type and dosage)

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What help are you looking for from the ETHAN Project for your child with autism/suspected autism

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