



**Background information
Registration Pack**



ETHAN

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

Registration with the ETHAN Project is voluntary. It allows families access to experienced parents and professionals who share information and support related to autism. The ETHAN recognizes that autism is a complex condition and that we do not have all the answers related to autism. In order to adhere to professional ethics, it is important that all relevant information regarding all the current professionals involved in your child's treatment is shared with us.

This form is designed to gather important background information and to enable us to determine whether we are the ideal organisation to assist you in your journey with your child. In some cases, we may need to refer your child to an organisation who could provide the type of services that would be better suited to your child's needs. Following our initial assessment, we will be able to determine whether registration with the ETHAN is the best option for you and your child.

Your registration with the ETHAN remains voluntary. You may choose to withdraw at any time should you no longer require our services, support or your circumstances change.

The information that is gathered and shared 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.

Please complete the questions below.

A. PARENT/CARER 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	

Who referred you to the Ethan Project?

What are your main concerns regarding your child?

Has your child been assessed and received any diagnoses?

Date	Practitioner	Report received Yes/No	Diagnoses

Has your child had any previous assessments with treatment interventions?

Date Started	Practitioner Name and Field of Practice	Report/s available Yes/No	Date Discontinued and Outcome

What educational setting is your child attending currently? If there are previous educational settings please add starting with the most recent.

Date Started	Name of Institution	Type of Institution	Grade	

What chronic and/or other medication is your child currently taking?

Date started	Name	Dosage

Are there any medical conditions that need special attention and/or care?

I, _____ hereby give permission that _____(my son/daughter) may undergo one or more of the following interventions: observations/assessments/interview with educator by one of the members of the ETHAN.

SIGNATURE OF PARENT/CAREGIVER

DATE

CERTIFICATE OF CONSENT

I have been informed that the registration process is voluntary and of the proposed support that the ETHAN 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 should 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:

Name of child:

Signature of parent:

FEES FOR PROFESSIONAL SERVICES

The Education and Training Hub for Autism Needs (ETHAN) is a registered non-profit organization who is reliant on funding from the Department of Social Development as well as donations. We are committed to providing free services to our low- income community.

Our Therapy, Training and Counselling services are offered to everyone and to ensure accessibility of services it would be helpful to obtain your monthly income. The following information is shared voluntarily and will be solely used for the purpose as set out above.

The fee structure exists to help make therapy more affordable for people living at a lower income level.

Please tick the applicable box indicating your total household income per month:

Amount	
R0,00 – R3,500	
R3,500 – R7,500	
R7,500 – R15,000	
R15,000 – above	

Are you currently on a private medical aid plan, if so please specify:

Name	Plan
Main Member	

PARENT DISCLAIMER

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The Education and Training Hub for Autism Needs (ETHAN) is a non-profit organization. Registration with the ETHAN allows families access to experienced parents and professionals who share information and support related to autism. The ETHAN 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 from liability as described below. By signing this disclaimer, the Participating Family acknowledges that the ETHAN 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 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 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. 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.

Name of parent/guardian:

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Name of child:

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Signature of parent:

Date:

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POPI ACT CONSENT FORM

*The POPIA has commenced in July 2020. The purpose of Act is to **protect personal information**, to strike a balance between the right to privacy and the need for the free flow of, and access to information, and to regulate how personal information is processed*

This organization commits to using personal information only for the purposes for which it was collected and agreed with you

- The organization has an appointed information officer who ensures that information is stored in a safe and POPI compliant manner.
- Your information will be handled by the relevant parties which could include the information officer, the office administrator, and the relevant therapist.
- All staff who are handling any personal information will follow the strict guidelines as set out in this organization’s POPIA compliance policies.
- We may disclose your personal information to our service providers who are involved in the delivery of services to you (i.e for billing purposes). We have agreements in place to ensure that they comply with the privacy requirements as required by the Protection of Personal Information Act.
- We will, on an on-going basis, continue to review our security controls and related processes to ensure that your personal information remains secure.
- You have the right to request a copy of the personal information we hold about you. Please note that any such access request may be subject to a payment of a legally allowable fee.

Name of parent/guardian:

Name of child:

Signature of parent:

Date: