

# Foundations In Community Disability Studies

## Learner Registration Form



Workforce Development  
 Bay 19, 3220 – 5<sup>th</sup> Avenue NE  
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### Organizational Information:

Organization Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Name of CEO: \_\_\_\_\_  
 Name of Tutor: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

### Learner Information:

Surname: \_\_\_\_\_  
 First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Date of Birth (MM/DD/YY): \_\_\_\_\_ Gender: M F (circle one)  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

### Signatures:

Tutor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Learner: \_\_\_\_\_ Date: \_\_\_\_\_

### Record of Employment:

Present Job Title: \_\_\_\_\_  
 Res: \_\_\_\_\_ Voc: \_\_\_\_\_ Other: \_\_\_\_\_  
 Years with Current Employer: \_\_\_\_\_  
 Total Years Employed in Rehab: \_\_\_\_\_  
 Average number of hours worked: per Mth. \_\_\_\_\_

### Education:

School (include name)	Course of Study/Certificates	Circle Last Yr. Attended	Did You Graduate?
High School		9 10 11 12	Yes/No
College/University		1 2 3 4	Yes/No
Other			

### Registration Fees:

**Members/Affiliates: \$280.00 + GST = \$294.00**  
**Non Members: \$364.00 + 18.20 GST = \$382.20**  
 GST#106 692 676

Please make cheque payable to Alberta Council of Disability Services. We will invoice your agency as well.

Disclaimer: "All information of a personal nature, as defined by legislation, is held in strictest confidence and will only be used to produce generic program statistics. Paper copies of registrations will be held for a period of seven years and will be destroyed via secure measures.

### For ACDS use only

Tutor Code: **F** \_\_\_\_\_  
 Learner Code: \_\_\_\_\_  
 Agency Code: \_\_\_\_\_