



**Online Foundations In Community Disability Studies  
Learner Registration Form**



Workforce Development  
Bay 19, 3220 – 5<sup>th</sup> Avenue NE  
Calgary, AB, T2A 5N1  
christine@acds.ca Phone: (403) 250-9495 Fax: (403) 291-9864

**Organizational Information:**

Organization Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Name of CEO: \_\_\_\_\_

**Learner Information:**

Surname: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_\_ Gender: M F (circle one)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Alternate phone number: \_\_\_\_\_

**Record of Employment:**

Present Job Title: \_\_\_\_\_

Res:  Voc:  Comm. Builder  Other:

Years with Current Employer: \_\_\_\_\_

Total Years Employed in the Community Disability Services field: \_\_\_\_\_

**Education:**

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

**Please indicate which modules you are registering for;**

**Section One: Setting the Stage:**

All Modules  (this means that you will automatically be registered in the next Module every 5 weeks)

Module 1  Module 2  Module 3  Module 4  Module 5  Module 6

Module 7  Module 8  Module 9  Module 10  Module 11  Module 12

Module 13  Module 14  Module 15  Module 16

Have you registered for Foundations on line before?

Yes  No

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.



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**Learner Information:**

Surname: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Learner Identification (ID) number: \_\_\_\_\_

(the Learner ID is applicable only if you have previously registered for Foundations on line)

**Mentor or Supervisor Information: (to ensure application of knowledge in workplace)**

Mentor or Supervisor Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

**HR or Training Manager Information (if different from above):**

HR or Training Manager Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Prerequisite Skills Needed:**

Because of the course content and that this is an online course, the following skills are required to fully utilize the material:

Can you read at an eighth grade level? Yes  No

Can you find information using the internet? Yes  No

Can you use email? Yes  No

We are committed to life long learning and supporting all learners in their pursuit of knowledge. If you have a learning disability or English is your second language, please let us know so that we can assist you as needed.

How computer literate are you? Low  Medium  High

This is a very user friendly format, however, if you are not comfortable with computers, you may want to try our Face-to-Face format. Please discuss this option with you HR or Training manager.

**Registration Fees (per module):**

**\$30.00 + \$1.50 GST = \$31.50 (Pilot project price)**

**\$60.00 + \$3.00 GST = \$63.00 (after pilot price, member rate)**

**\$81.00 + \$4.05 GST = \$85.05 (after pilot price, non-member rate)**

GST#106 692 676

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

**Payment Method:**

Money Order  Please invoice agency  Check (personal checks MUST be certified)

GST Exemption Number: \_\_\_\_\_ PO Number: \_\_\_\_\_

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