



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



Workforce Development
Bay 19, 3220 – 5th Avenue NE
Calgary, AB, T2A 5N1
foundationsonline@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: _____ Alternate Phone: _____
Email Address: _____

*Please note our primary contact will be via email

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 Attended	Did You Graduate?
High School		9 10 11 12	Yes No
College/University		1 2 3 4	Yes No
Other			

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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 two years and will be destroyed via secure measures.



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Learner Information:

Surname: _____ First: _____ Middle: _____

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: _____

**Pre-requisites for the Online Foundations in Community Disability Studies
Challenge Process:**

- Must have **either** three (3) years experience in the field **or** have successfully completed the Basic Skills Training (BST)
- Must complete the Skills Checklists prior to submitting registration
- Must have successfully completed both a First Aid CPR course and a Medication Administration course
- Must have basic computer literacy

To be sent in with the registration form:

- Letter of recommendation from your agency stating that you have completed the Skills Checklists and that you are already applying the knowledge in the workplace
- A copy or both your First Aid CPR certificate and Medication Administration certificate

Registration Fees:

\$280.00 + \$14.00 GST = \$294.00 (member rate)

\$364.00 + \$18.20 GST = \$382.20 (non-member rate)

GST#106 692 676

Cheque can be made payable to Alberta Council of Disability Services. All personal cheques must be certified.
You agency will be invoiced.

Payment Method:

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

GST Exemption Number: _____ PO Number: _____

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