



**Online Foundations In Community Disability Studies
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: _____ 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 Attended	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 two 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):

\$40.00 + \$2.00 GST = \$42.00 (member rate)

\$52.00 + \$2.60 GST = \$54.60 (non-member rate)

GST#106 692 676

Please make cheque payable to Alberta Council of Disability Services. Your 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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