

Key Word Sign Australia General Membership

The information collected here will be kept by Key Word Sign Australia and shared with the relevant Key Word Sign state committee only. It will give us information on the overall activity of Key Word Sign Presenters and the range of client groups and geographical areas that are currently being supported by Key Word Sign workshops and training. This will help us to plan future resource development, training, funding and marketing activities.

Name:	
Email (work):	
Email (private):	
Phone:	
Preferred contact method:	
Address:	
Postcode:	

Your role:	<input type="checkbox"/> Parent <input type="checkbox"/> Family Member <input type="checkbox"/> Disability Support Worker <input type="checkbox"/> Teacher <input type="checkbox"/> Speech Pathologist <input type="checkbox"/> Other _____
Workplace (if applicable):	
Workplace postcode:	
Age range of the people you use KWS with (select all that apply):	<input type="checkbox"/> Early childhood <input type="checkbox"/> School-age <input type="checkbox"/> Adult <input type="checkbox"/> Other _____

<p>Have you attended a Key Word Sign Basic Workshop?</p>	<p><input type="checkbox"/> Yes</p> <p>If Yes, when was that? _____</p> <p><input type="checkbox"/> No</p> <p>If No, would you like to? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Would you be happy to participate in any surveys from Key Word Sign Australia?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Is there any feedback you would like to give us, or suggestions you would like to make?</p>	

Thank you for completing this form.

Please email all completed membership documents to circ@scopeaust.org.au