

Key Word Sign Australia Professional 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:	
Geographical area covered in your role.	
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 _____

When did you train as a Key Word Sign Presenter??	
How many workshops have you presented in the last 12 months?	
What was the target group for those workshops? (please indicate all that apply)	<input type="checkbox"/> Early childhood <input type="checkbox"/> School-age <input type="checkbox"/> Adult
How many sign updates have you attended in the last 12 months?	
If you have not attended any sign updates in the last 12 months, please give reason.	
Are you interested in presenting KWS workshops outside your work role? Please give details:	<input type="checkbox"/> Weekdays <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Do you want your name, work area and contact details to be listed in a “Find a Key Word Sign Presenter” directory on the national website?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any feedback you would like to give us, or suggestions you would like to make?	

Thank you for completing this form.

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