**Manual Order Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tick required module** |  | **Module Name** | **Amount** | |
|  | 1 | Legislative requirements |  | |
|  | 2 | Dispelling myths |  | |
|  | 3 | Understanding inclusion |  | |
|  | 4 | Communicating with people with disability |  | |
|  | 5 | Impacts of disability on learning and strategies to meet them |  | |
|  | 6 | Pre course interviewing |  | |
|  | 7 | Classroom management |  | |
|  | 8 | Working with support workers |  | |
|  | 9 | Disability action planning |  | |
|  | 10 | Duty of Care |  | |
|  | 11 | Managing volunteers with disability |  | |
|  | 12 | What is disability? |  | |
|  | 13 | How does the disability/mental health sector work? |  | |
|  | 14 | Working with the disability/mental health sector |  | |
|  |  |  | **Total**  **Amount** |  |

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| --- | --- | --- | --- |
| **Name of Organisation** |  | | |
| **Address** |  | | |
| **Member** | **Yes/No** | | |
| **Payment method:** | **Cheque/ Credit card** | | |
| **Credit Card details:** | **Visa/Master card/ American Express/Other** | | |
| **Card Number** |  | | |
| **Name on card** |  | **Expiry Date** |  |

Please send payments to: Yooralla, c/- 224 Flinders Street, Melbourne, VIC 3000