Emotion-based Social Skills Training
Facilitator Training

What is EBSST?
Emotion-based Social Skills Training (EBSST) is a treatment program researched since 2004 that aims to promote the well-being of young people with Autism Spectrum Disorders (ASD) and prevent the onset of mental health concerns. EBSST is currently being piloted in Department of Education and Training Schools around New South Wales.

EBSST Facilitator Training is available for two programs:
1. EBSST for High Functioning Autism and Asperger’s Syndrome (HFASD and AS).
2. EBSST for Autism and Mild Intellectual Disability (ASD and Mild ID).

EBSST has been developed for young people aged 8 – 12 years.

This two-day workshop will cover:
1. Understanding social – emotional needs of young people with Autism.
2. Understanding and applying strategies to suit the learning needs of young people with Autism.
3. How to deliver:
   - 16 session EBSST Youth Program
   - 7 session EBSST Parent Program
   - 7 session EBSST Teacher Program

Workshop includes didactic teaching, demonstrations of therapy sessions, workshop participant role plays, and accreditation process.

Who can attend this two-day Workshop?
EBSST Facilitator Training has been designed for Psychologists, Occupational Therapists, Speech Therapists, and related clinicians who have clinical experience in Autism and are interested in expanding their therapeutic skills.

Workshop Times, Dates and Venue

Workshop Times
8:30am: Registration
9:00am – 3:30pm: Training and Accreditation

Workshop Dates
1.10th – 11th March 2011: EBSST for ASD and Mild ID
2.17th – 18th March 2011: EBSST for HFASD and AS

Venue
Function Room, Level 1
The Children’s Hospital at Westmead
Corner Hawkesbury Road and Hainsworth Street
WESTMEAD NSW 2145

What is included in Workshop registration fee?
3. Two days of training and accreditation.
4. EBSST Facilitator Pack – laminated teaching visuals, laminated posters, laminated worksheets, materials for games, sensory toys, CD’s and DVD’s for delivering youth, parent and teacher groups, training manuals, manuals for delivering youth, parent and teacher groups.
5. EBSST Student Pack – Four training manuals and laminated visuals.
6. EBSST Parent Pack – Seven training manuals, weekly handouts, laminated visuals and worksheets.
7. EBSST Teacher Pack – Seven training manuals, weekly handouts, laminated visuals and worksheets.
9. Active Professional Development points with the Psychology Board of Australia.

For more information about EBSST go to www.ebsst.com.au
The Children’s Hospital at Westmead

REGISTRATION FORM/TAX INVOICE  ABN: 53 188 579 090

(This Registration Form will be a tax invoice for GST when completed and payment is received by The Children’s Hospital at Westmead. All prices include GST, Please keep a copy of your record)

Registration Opens: 1st December 2010   Registration Closes: 11th of February 2011

Please send the completed Registration Form to:

Attn: Rebecca Low
Department of Psychological Medicine
The Children’s Hospital at Westmead
Locked Bag 4001
WESTMEAD NSW 2145

Ph: (02) 9845 2008  Fax: (02) 9845 2009
Email: psychmed@chw.edu.au

APPLICATION
Name: ____________________________
Title(Dr/Mr/Mrs/Ms/): ____________________________
Qualifications: ____________________________
Organisation: ____________________________
Position: ____________________________
Address: ____________________________
State: ____________ Postcode: ____________
Phone: ____________ Mobile: ____________
Fax: ____________
Email: ____________

WORKSHOP ATTENDING
☐ 17th – 18th March 2011: EBSST for High Functioning Autism and Asperger’s Syndrome.

SPECIAL DIETARY REQUIREMENTS: Please note that a surcharge may apply for special requests or where catering must be outsourced to meet your needs.

Please describe your previous clinical experience with Autism (e.g. number of cases seen, presenting concerns, strategies and therapies used).

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Cost: $1,500.00 (incl. GST)


Payment Options:

Cheque: ☐ Payable to “THE CHILDREN’S HOSPITAL AT WESTMEAD”

Credit Card: Visa: ☐ MasterCard ☐

Cardholder’s Name (as appears on card): ____________________________

Card Number: ____________________________

Expiry Date: ____________ Signature: ____________________________

Privacy Policy: By completing this form, you agree to the use of your personal information by The Children’s Hospital at Westmead to process your registration form, to contact you about our products and services, and for internal purposes.

Cancellation Policy: In the event you are unable to attend, a replacement delegate may be sent in your place. Cancellation of booking must be made in writing and received by conference organisers by 28th of January 2011 to receive full refund. Cancellations after that date will attract a fee of 50% of the total fee payable on the booking.