

Research Volunteer Form

If you or a member of your family would like to participate in research at our Centre we need the following information:

FAMILY NAMES (Contact person/s) - _____

ADDRESS _____

PHONE NUMBER _____

EMAIL _____

Would you like to receive our centre's FREE quarterly e-Newsletter? YES / NO

DIAGNOSIS OF PARTICIPANT - (choose one)

- Autistic Disorder
- Aspergers Disorder/Syndrome (Typical language development before 2nd year)
- PDD-NOS
- Autism Spectrum Disorder
- High Functioning Autism
- Other

- _____
 Typical Development (e.g. person who does not have ASD)
Are you a sibling of a person with ASD? YES / NO

NAME OF PARTICIPANT: _____

GENDER: Male / Female VERBAL: YES / NO /

MINIMAL

DATE OF BIRTH _____

IF THIS PERSON IS OVER 18, CAN HE/SHE BE CONTACTED DIRECTLY? YES / NO

ARE THE CONTACT DETAILS FOR THE PERSON OVER 18 THE SAME AS ABOVE? YES / NO

If not, please give email address: _____

And mobile phone number: _____

Make as many copies of this form as you need. Siblings are welcome to participate.
Please return the completed form(s) to the address above, or scan and email to otarc@latrobe.edu.au

What happens next?

This information will be sent to our Lab Manager, who will enter it onto the Participant Registry. When a suitable project arises that fits your profile, you will be contacted and asked if you are still interested in participating. You can withdraw at any time. All information supplied will be held in confidence. Thank you for your interest.