



HANDLE® Screener Certification Program Application

Name: _____
Address: _____
City, State, and Zip Code: _____
Email: _____ Phone # _____
Current Occupation: _____
Employer: _____
My Introductory Course was: (circle one) Get a HANDLE on Neurodevelopmental Differences or Get a HANDLE on the Autism Spectrum
Date and location: _____ Instructor: _____
Special needs or considerations while participating in this course: _____

Application process:

Part 1: Email the following to Mary Robson at handleofaustralia@gmail.com

1. This **application form**, completed and signed.
2. A **\$50** non-refundable application fee. [Please email Mary](#) regarding secure payment methods.

Part 2: Email or mail the following to Mary Robson at handleofaustralia@gmail.com

3. Resume
4. Three (3) letters of recommendation from colleagues, employers and /or clients.
5. Letter of intent including:
 - a) why you are interested in the Screener Certification Program
 - b) life experiences you have that relate to HANDLE
 - c) how the Get a HANDLE introductory course changed your thinking about human functioning
6. Completed application assignment. See attachment or download application assignment.

These items must be RECEIVED by 5pm Monday, Aug 23, 2010.

Acceptance decisions will be made, and announced via e-mail, on Friday **Aug 27, 2010**.

If upon review we find that the information in your student file is not sufficient to allow us to determine your suitability for the program, we may contact you to provide additional information.

Payment Process:

- ◆ The total course fee is AU\$3000
- ◆ Upon acceptance a deposit of \$1,000 will be **due by Monday August 30, 2010**, which will hold your place in the program.
- ◆ Upon acceptance you will receive further details regarding payment options and methods.

My signature below confirms that I understand the enclosed \$50 application-processing fee is non-refundable and does not guarantee my acceptance into this course.

Signature

Date

Application assignment

The goal of this activity is for you to revisit what you learned and to see it in relationship to various challenges. [Upon acceptance to the Screener Certification Program, part of the assignment due the first day will be to complete this activity for all of the major systems (Olfaction, Gustation, Tactility, Vestibular Functions, Kinesthesia, Proprioception, Muscle Tone, Ocular Motility, Binocular Functions, Audition, and the processing modalities of Differentiation, Laterality, Interhemispheric Integration).]

Please create a chart (example below) in which you:

1. list 2 systems or processing modalities,
2. select 3 behaviors from those issues listed under the description of each of the systems and processing modalities (from your introductory course binders),
3. provide at least 2 "labels" (diagnoses, such as ADHD, Oppositional Defiance Disorder, etc.) for each behavior that might be placed on someone who demonstrated the particular behavior,
4. then, for each of the 2 labels provide not more than 15 words to explain why that behavior might cause someone to be given the label that you listed in column 3.

See examples in the chart below.

System	Behaviors	Labels	Explanation
Olfaction			
Gustation			
Tactility	1. Tendency to touch other people and objects	a. autistic b. obsessive-compulsive	a. does not allow touch so fills need for touch by doing the touching b. has ingrained habit of touching objects a certain number of times to feel complete
	2. resistance to hugs	a. ADHD b. blind	a. wants to be able to move and not be restrained b. feels threatened by not being able to feel shifts in the energy surround
	3. tendency to slap and push and punch	a. autistic b. conduct disorder	a. poor relationship to others and inability to modulate movements b. deemed to have purposeful aggressive tendencies
	4. tension in arm at elbow or shoulder	a. dysgraphic b. cerebral palsy	a. It would be difficult to write with this degree of tension b. Many people with CP have increased tone (tension) or spasticity in their limbs.
Etc.			