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**Workshop Proposal Form**

**New Workshops**

**Section I: About the Workshop**

*IASSIDD Academy workshops are based on scientific and scholarly knowledge, and focus on the practical application of this knowledge to policy and practice in the field of intellectual and developmental disabilities.*

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| **1. Title of workshop:** |
| **2. Form submitted by:** |
| **3. Date submitted:** |
| **4. Workshop instructor(s)**  **• Lead instructor (IASSIDD member):**  **• Co-instructor:**  **• Co-instructor:**  **• Co-instructor:**  **Attach CV or brief CV for each instructor, if not on file with the Academy**  **Attach a head and shoulders photo for each instructor, if not on file with the Academy** |
| **5. Logistics of this workshop (use n/a if not applicable or not known)**  **a) Location**:  **b) Date and time of workshop:**  **c) Stand-alone (√)**  **In conjunction with another event (specify) (√) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **d) Co-sponsor:**  **e) Number of hours:**  **f) [ ] will use the Academy Certificate of Attendance**  **[ ] will use the Academy Certificate of Satisfactory Completion (assessment required)**  **g) Estimated number of participants:**  **h) Type of audience (researchers, front-line personnel, managers, parents, people with disability):** |
| **7. Promotion of the workshop(s)**  **Please provide a 50-75 word promotional description of the workshop, with an emphasis on motivating people to attend the workshop.** |

**Section II: Agreement to Lead Workshop**

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| **1. Sharing of materials**  [  **] I/we agree to share all instructional materials with the Academy, if requested** |
| **2. Instructor feedback report**  **The Academy welcomes commentary from instructors in terms of their experience, the strengths and weaknesses of the workshop, and recommendations for improvement.**  **[ ] I/we concur with this requirement and agree to submit a post-course feedback report within 60 days of the date of the course** |
| **3. Workshop evaluation**  **[ ] I/we will distribute and have participants complete the required Academy evaluation form** |
| **4. Person submitting acting for all instructors**  **[ ] I acknowledge that all persons listed as workshop instructors on this form agree to its terms, provided on this form and agree to abide by all of the rules and obligations for providing an Academy sanctioned course or workshop.** |
| **5. Instructors assuming full personal liability**  **[ ] I understand and agree that I (and my co-instructors on this workshop) shall take full responsibility for my/our own travel and health insurance, and agree that IASSIDD is not liable in any way for any delays, illness, injury, or any other type of adversity whatsoever that may occur in connection with my role of instructor for this workshop.** |
| **6. Instructor role as a volunteer**  **[ ] I understand and agree that I (and my co-instructors on this workshop) are volunteers and will not receive payment for acting as a workshop instructor. Approved accommodation and travel costs may be covered or partly covered, where previously agreed to by the Academy Director or designate.** |
| ***Return this form as attached file to:***  ***Professor Angela Hassiotis (a.hassiotis@ucl.ac.uk)*** |

**Revised July 27, 2015**