



# Registration Form

## Inclusive Employer Training Pilot Program

www.thesocialtreeautism.org

### Company Information

Name of the Company:		Please briefly describe what your company Vision & Mission are:
Contact Name:		
Work Title:		
Phone Number:		
Email Address:		
Department:		

### Information Required for Inclusive Corporate/Employee Training Pilot Program

How many positions available:	
What departments:	
Job Descriptions for each position:	1) 2) 3)
What kind of work environment?	Fast paced <input type="checkbox"/> Slow paced <input type="checkbox"/> Moderate paced <input type="checkbox"/>
Experience Level Required:	Entry <input type="checkbox"/> Intermediate <input type="checkbox"/> Professional <input type="checkbox"/>
Describe Working Environment: Example: Is the environment loud, quiet, strong odors, very bright, dark, open concept, cubicles, closed offices etc... Does the working environment include group work? Independent work? Who would train the individual on the job?	
Is the work repetitive or creative?	
What kind of a position is it?	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/>
Are you aware that this project is a pilot and is being subsidised by grant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide any questions or comments in this section:	

Once form is complete please make to to submit it by email to [patricia.lucarelli@thesocialtreeautism.org](mailto:patricia.lucarelli@thesocialtreeautism.org)