**Consultation Proposal Form**

**For Academy disability experts conducting short consultations to local organizations**

**Please complete this form in red font color.**

**Section I: About the Consultation**

*IASSIDD Academy consultations are responses to invitations by local organizations for expert opinion and discussion from a scholarly and evidence-based perspective on a service or services, or on a specific topic on which the consultant is expert. Often, though not always, the consultation incudes a site visit.*

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| **1. Title of the consultation** [limit to 75 characters]**Reason for the workshop (purpose, goals, what the consultation is about):** |
| **2. Form submitted by:** [name, email, country, phone number] |
| **3. Date submitted:** |
| **4. Consultation expert(s)****• Lead consultant (IASSIDD member):****• Other consultant:****• Other consultant:****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 the consultation****a) Location:****b) Date:****c) Number of hours:****d) Sponsoring organization:** **Reason consultant was selected (e.g., expertise on the topic, previous relationship, geographic proximity, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****e) [ ] will use the Academy Certificate of Attendance****[ ] will use the Academy Certificate of Satisfactory Completion (assessment required)** |
| **6. Financial support** **Travel and accommodation costs covered by:** |

**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"Angela Hassiotis" <a.hassiotis@ucl.ac.uk> |

**October 8, 2019**