

## Telecom Training Provider Registration Form

## Introduction

### Accessible Telecoms is a nationwide disability telecommunications information and referral service.

### It provides information about the accessible features available in telecommunications products and equipment suitable for people with disabilities. It also includes information of available training options on telecommunication devices, such as: landlines, mobile phones, TTYs, tablets, apps, Braille displays and other accessories.

### The service is provided is supported by a customer service team via email, phone, SMS and postal service.

### Please complete the following survey so your training services can be featured in the [training section of our website](https://www.accessibletelecoms.org.au/telecom-home/telecoms-training). Once completed, please email this form to accessible.telecoms@accan.org.au

### For further information please contact us on 1800 442 300 or email accessible.telecoms@accan.org.au

1. **Contact information**

Name (Person or Organization): enter name here

Address: enter your address here

Email: enter your email here

Contact Number: enter your phone number here

Website (if available): enter website URL here

1. **ABN:** enter ABN here
2. **Registered with NDIA:** [ ] Yes –[ ] No
3. **Available Training (Tick as necessary):**

[ ]  Mobile phones - Android devices

[ ]  Mobile Phones – iPhones

[ ]  Tablets – Android

[ ]  Tablets – iPad

[ ]  Tablets – Microsoft

[ ]  Landlines: Corded Phones

[ ]  Landlines: Cordless Phones

[ ]  Landlines: TTY

[ ]  Assistive Technology: Braille Devices

[ ]  Assistive Technology: Switch Controls

[ ]  Assistive Technology: Hearing Devices

[ ]  Assistive Technology: Other: Please specify:

 enter your answer here .

1. **Level of training you provide:**

[ ]  Beginners

[ ]  Intermediate

[ ]  Advanced

1. **Do you support people with any of the following disabilities?**

[ ]  Vision

[ ]  Hearing

[ ]  Cognitive

[ ]  Speech

[ ]  Physical

1. **Do you support clients with a particular disability? If so, please name the disability or condition**: enter your answer here
2. **Type of Training you offer:**

[ ]  Online

[ ]  Groups

[ ]  Individual

1. **Is this a free or paid training? please select:**

[ ]  Free Training

[ ]  Paid Training

1. **Additional information on the training I.E: Do you have your own training facilities; can travel to your clients? Training days/hours, etc:**

 Enter your answer here

Thank you for registering with the Accessible Telecoms Project.