|  |
| --- |
| **Details of Parent/Carer(s)** |
| **Name** |  | **Relationship to child** |  |
| **Name** |  | **Relationship to child** |  |
| **Address** |  |
| **Contact Numbers** | **Home** |  | **Mobile** |  |
| **E-Mail Address** |  |
|  |  |
| **Details of Child** |
| **Name** |  | **DOB** |  |
| **Current School** |  |
| **Date of diagnosis** |  |
| **Name of Paediatrician who gave diagnosis**Please note that where necessary, paediatricians will be contacted to confirm the diagnosis of ASD. |  |
| **Hospital where diagnosis was given** |  |

**Parental Consent**

I understand that my details will be held and used in accordance with the GDPR.

I agree to my information being held by STLS for the purposes of the parenting programs that are offered by STLS.

**Signature/s:** ………………………………………………………………………….. **Date**: ……………………………………………………….

**We can accommodate 2 adult family members on the course but we cannot cater for young children. There are no crèche facilities on any of our sites so you would need to make alternative childcare arrangements.**

*The information disclosed will be held on a database and will only be used within the*

*Cygnet team in Kent. It will not be given to a third party.*

**Please return this completed application form to:**

*Tracey Bradley – Senior Administration Officer*

*Maidstone Specialist Teaching and Learning Service,*

*Five Acre Wood School,*

*Boughton Lane, Maidstone, Kent ME15 9QF*

*tbradley@five-acre.kent.sch.uk*