Auticulate application form

*(Please complete all parts of sections 1,2,3 and 4).*

1. PERSONAL INFORMATION

|  |  |
| --- | --- |
| Name of Child/Young Person |  |
| Child’s Gender |  |
| Date of Birth |  |
| Ethnic group or background *(please mark an x next to relevant option)* \* | White - English, Welsh, Scottish, Northern Irish or British  White – Irish White - Gypsy or Irish Traveller  White - Any other White background  Mixed - White and Black Caribbean  Mixed - White and Black African  Mixed - White and Asian  Mixed - Any other Mixed or Multiple ethnic background  Asian – Indian Asian – Pakistani  Asian – Bangladeshi Asian – Chinese  Asian - Any other Asian background  Black – African Black – Caribbean  Black - Any other Black background  Arab Any other ethnic group  Prefer not to say Don't know |
| Religious group \* |  |
| Current Mainstream School and Year Group \* |  |
| Diagnosis *(please mark an x next relevant diagnosis)* | * Autism   Date of diagnosis: * ADHD * Dyslexia * Dyspraxia * Other (please specify) …………………………… |
| Does your child have any medical condition we should know about?  *(Please give details* *including food allergies)* |  |
| Does your young person have any medication they need to bring to the session? | * Yes * No |
| Should the medication be taken with food or drink? |  |
| Are they able to administer the medication themselves? eg Inhaler |  |
| Please describe any of your child/young person’s behaviours that may make it difficult for them to engage in the group |  |
| Please provide information on your child's/young person’s current strengths and struggles |  |
| Does your child/young person have any sensory or behaviour triggers that we need to be aware of? |  |
| Any other information that would be helpful |  |

\*Information for monitoring purposes only

1. CONTACT DETAILS (PARENT/GUARDIAN/CARER)

|  |  |
| --- | --- |
| Name |  |
| Relationship to child |  |
| Address (including postcode) |  |
| Contact Number |  |
| Email address |  |
| Emergency Contact Number *(if different from above)* |  |
| Preferred methods of contact (tick those that apply) | * Email * Text/What’s App |

1. Consent (Parent/Guardian/Carer)

The Data Protection Act requires you to give permission for Parenting Special Children to process and store your application information. Your data will be stored in a secure electronic case management system accessed only by Parenting Special Children staff and supervised administration volunteers. Data Protection Policy link <https://www.parentingspecialchildren.co.uk/about-us/policies-and-procedures/>

**From time-to-time PSC would like to take photos of the group for funding purposes and to illustrate the fantastic work of the charity via social media/website/local publications etc. By signing below, you give your consent to images of your child being included in our photographs.**

**Signature....................................................................................................................**

|  |
| --- |
| **I understand the information in this membership form will be held on Parenting Special Children’s (PSC) secure database. It will be used in accordance with data protection legislation in order for PSC to provide you with the services of the charity to report data to meet funding requirements.**  **Signature………………………………………………………………………………….** |

1. About You – to be completed by child/young person

|  |  |
| --- | --- |
| What are your hobbies and interests? For example gaming, movies, Lego, music |  |
| What would you like to learn at Auticulate? For example making friends, independence, joining in, road safety, travel ect. |  |