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| --- |
| **Details of Parent/Carer(s)** |
| **Name** |  | **Relationship to child** |  |
| **Name** |  | **Relationship to child** |  |
| **Address** |  |
| **Contact Numbers** | **Home** |  | **Mobile** |  |
| **E-Mail Address** |  |

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| **Details of Child** |
| **Name** |  | **DOB** |  |
| **Current School** |  |
| **Date referral to ASD Pathway or 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** |  |

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| **Details of Parent/Carer Attending the course** |
| **Name** |  |
| **Will someone be attending the course with you?** **If yes, they will need to submit their own application form and we will confirm their place on receipt of the form** | **Yes** [ ]  **No** [ ]  |

**Sorry, 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:**

*Emma Bradshaw, Specialist Teaching and Learning Service,*

*Valence School, Westerham Road, Westerham, Kent, TN16 1QN*

*Email address:* *ebradshaw@valence.kent.sch.uk*