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| **CHUMS Psychoeducation Workshop Registration Form** |
| Child’s First Name |  |
| Child’s Surname |  |
| Child’s DOB (DD/MM/YYYY) |  |
| Gender |  |
| Parent/ Carer Name and Relationship |  |
| Email Address |  |
| Telephone NO. |  |
| Home Address |  |
| GP Surgery |  |
| Ethnic Origin |  |
| Nationality |  |
| Main Language (Also, if not English do you require a translator?) |  |
| Current School |  |
| New School in September 2021 |  |
| Does your child have an Educational Health & Care Plan? | YES / NO |
| Is your child known to Early Help / Social Services? | YES / NO |
| If known to Social Services, is your child considered a “Looked After Child”?  | YES / NO |
| Are you currently in the process of completing an Early Help Assessment? | YES / NO |
| Does your child have any diagnosed learning disabilities (e.g. dyslexia)?  | YES / NO |
| Does your child have a formal diagnosis of ADHD? | YES / NO |
| Does your child have a formal diagnosis of ASD? | YES / NO |
| Workshop you wish to attend(Please state parent sleep workshop, 0-5 resiliency etc.) |  |
| Date you wish to attend workshop on |  |