***By completing this form, you (the person requiring support) have given consent to be referred to Skills for People so that we can support you. You can find out how we use your personal information by visiting*** [***www.skillsforpeople.org.uk***](http://www.skillsforpeople.org.uk)***.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parent’s Name | |  | | | |
| Address  Postcode | |  | | | |
| Ethnicity | |  | | | |
| Contact number | |  | | | |
| Email | |  | | | |
| How to contact | | Telephone | Email | | |
| Which workshop?  (can only book one) | | Online | Face to Face\* | | |
| Date: | Venue: | | |
| Child’s name |  | | | D.O.B. |  |
| Child’s diagnosis:  (children have a diagnosis of autism or a learning disability and families whose child (ren) are waiting to be assessed for autism or a learning disability. | |  | | | |
| Additional information about child e.g. anything parent feels they would like us to know: | | | | | |
| **Are there any risks we need to know to keep people safe?**  Yes  No  **You must complete this question before Skills for People can accept this referral.**  If yes, please give details: | | | | | |
| Does parent need any additional support for workshop?  \*Please put any dietary requirements/ allergies here if attending a Face-to-Face workshop. | | | | | |
| Parents will be contacted to confirm their place and give them further information. | | | | | |

\*This can be any type of learning disability e.g. Global Developmental Delay, Downs Syndrome, Fetal Alcohol Spectrum Disorder etc. If unsure still complete and return and we will be in touch with you.