**Office use only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Ref No.** |  | **Courses requested** |  |
| **List**  |  | **Lanc/More** |  |
| **Contacted**  |  | **Accepted**  |  |

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 **A six week (18 hrs) parenting support programme for parents/carers of children aged 5-18 on the autistic spectrum in North Lancashire.**

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| CYGNET GROUP Enrolment f o r m |
| If this enrolment form is not being completed by parents or carers, please ensure that all professional referrals have obtained permission from them to pass their details onto us.Thank you |
| BASIC INFORMATION |
| Date:   | Referrer (if not Parent or carer)Address:Tel number:Email: |
| **INFORMATION ABOUT PARENTS/CARERS** |
| **Parent/ Carer**  | Relationship to child:   |
| Title: | Name: |
| Ethnicity:   | Religion: | Preferred Language: |
| Home Tel: | Mobile: | Email: |
| **Parent/Carer** | Relationship to child  |
| Title: | Name: |
| Ethnicity:  | Religion:  | Preferred Language:   |
| Home Tel:  | Mobile: | Email: |
| address information |
| Address:Post Code: |
| **Do you have a disability or is there additional Information you want to provide to help you attend a group: (i.e. access to a lift, literacy support)?** |
| **Preference for group**  |
| Lancaster  🗆 | Morecambe / Heysham 🗆 | Day 🗆 | Evening 🗆 |
| **CHILD’S INFORMATION** |
| Name:  | Date of Birth:  |
| Diagnosis: | Date of Diagnosis: |
| Diagnosed by whom: | Name of School:  |
| **Additional Information about your child/child in your care including what issues you are experiencing.**   |
| **Do you have other children in your household? If so would you be interested in attending a further 3 sessions around siblings? Yes**  🗆 **No**  🗆  |
| **No. of other children and ages**  |
| **If your child with an Autistic Spectrum Condition is over age 9, would you be interested in extra sessions around puberty, sexual wellbeing and relationships at a later date? Yes**  🗆 **No**  🗆  |

**I agree to the programme coordinators processing information about me in order to provide the services.**

**I understand I may review this consent at any time. Please sign if you are happy for us to keep your details on our system.**

**I understand I must be able to commit to ALL 6 sessions of the programme to be given a place on the course.**

**Completion of the referral form is not a guarantee of a place on the course. Confirmation of your place will be sent via post/email prior to the start date.**

**Parent/Carer 1**

**Name:**

**Signature: Date:**

**Parent/Carer 2**

**Name:**

**Signature: Date:**

|  |
| --- |
| admin use |
| Date entered on Programme List: | Received via: |
| Please return to:Lucy Ellis (Cygnet Coordinator)Barnardo’s Cygnet Programmec/o Lune Park Children’s CentreOwen RoadLancasterLA1 2LNTel: 07873818153Email: cygnetsnorthlancs@gmail.com | Date received: |

![B%2EYorkshire%2D%28Spot%29%2B%2Ejpg[1]]()

