****

**Cygnet for practitioners**

**A 2 day training programme for professionals working with children and young people aged 5-18 and their families with a diagnosis of an Autistic Spectrum Condition.**

|  |  |  |  |
| --- | --- | --- | --- |
| CYGNET for practitioners trainingEnrolment form | | | |
|  | | | |
| Course attendee BASIC INFORMATION **Please complete if you are wanting an individual place or if you are representing a service for group delivery request.** | | | |
| **Name:** | **Email:** | | **Phone No:** |
| **Job Title:** | **Based at:** | | **Area of Lancashire you deliver your service in:** |
| **Please describe your connection to children / young people and their families and how this course would benefit your area of work.** | | | |
| **If completing on behalf of your organisation for a group course delivery** | | | |
| **Number of attendees for the course** | |  | |
| **Which service do you represent?** | |  | |
| **Who does your service support?** | |  | |
| **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)?** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **North Lancashire Directions Group & Morecambe Bay Hospitals** | | | |
| **Dates for training - For each attendee please indicate which course you require a place on (choose one Day One & one Day Two date)** | | | |
| **Day One 12th Feb** |  | **Day Two 14th March** |  |
| **Day One 23rd May** |  | **Day Two 20th June** |  |
| **Day One 8th Oct** |  | **Day Two 14th Nov** |  |

**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.**

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

|  |  |
| --- | --- |
| **Signed** | **Date** |

|  |  |
| --- | --- |
| admin use | |
| Date entered on Programme List: | Received via: |
| **Sign Off: Cygnet Co-ordinator**  Signed:………………………………………………………………  Date:………………………………………………………………..  Place allocated YES NO Course block allocated | |
| Please return to:  Lucy Ellis (Cygnet Coordinator)  Barnardo’s Cygnet Programme  c/o Lune Park Children’s Centre  Owen Road Lancaster LA1 2LN  Tel: 07873818153  Email: cygnetsnorthlancs@gmail.com | |

