|  |  |  |
| --- | --- | --- |
| **REFERRER DETAILS** | | |
| Full name: |  | |
| Job title: |  | |
| What is your relationship to the young person? |  | |
| Address: |  | |
| Email: |  | |
| Contact number: |  | |
| I can confirm that I have a) provided the young person’s parents/carers with the group information flyer *and* b) they have consented to this request for support.  I confirm the parents/carers can attend all 4 dates of the group. *(leave blank if dates are not yet confirmed and instead expressing an interest to be contacted for future groups)* | | **Yes  No**  **Yes  No** |
| **YOUNG PERSON/FAMILY DETAILS** | | |
| A NUMBER | |  |
| Young persons full name: | |  |
| Parent/carers names and relationship to the young person: | |  |
| Young person’s DOB: | |  |
| Parent/carers contact number: | |  |
| Parent carers email: | |  |
| Young person address: *If parents/carers live at a different address please give details)* | |  |
| What school/college is the young person registered at? If homeschooled, please state. | |  |
| Young person’s registered GP: | |  |
| Is the child / young person currently engaged with or waiting for another service to treat their anxiety? Please give details: | |  |
| Is the young person either awaiting an autism/ADHD assessment or diagnosed with autism/ADHD? Please give details: | |  |
| Does the parent/carer have a disability or any access difficulties? | |  |
| Do the parent/carers have any additional learning needs? | |  |
| Where would you be able to attend?  *You may select more than one option.* | | **Taunton**  **Yeovil**  **Online** |
| Is there anything else we should be aware of? | |  |