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| --- |
| **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? |  |