|  |
| --- |
| **AScSURE: A.S.C. Strategies, Understanding, Realisation and Emotional wellbeing:  A course for parents of a child with Autism Spectrum Condition**  **Application Form** |
| Personal details  Parents Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Child’s Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_ age at start of course \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Year child was diagnosed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of school child attends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please indicate if an adult from the school will be attending the course: Yes/No |
| Preferred contact details:  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please provide a brief outline of what you hope to gain from participating in the course: |

Please indicate how many places you wish to book: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate that you will aim to attend all the sessions by ticking this box

Thank you for your application we will be in contact as soon as possible to confirm your place(s).

Carina Reid

Any queries please contact [carina.reid@westsussex.gov.uk](mailto:carina.reid@westsussex.gov.uk) Please email your application to the above email.