

Teen Life Application Form

To apply for a place on the Teenage Life Programme, please complete the form and return to:

Post: Autism Family Support Team, Kimberworth Place, Kimberworth Road, Rotherham, S61 1HE

Three places are allocated to each family: two for parents/carers and one for a professional who is currently working with your young person. Places will be allocated on a first come-first served basis.

1: Family members attending Teen Life Programme:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Family Contact Address: _____

Postcode: _____ Phone: _____

Email: _____

2: Supporting professional attending:

Name: _____ Role in child's life: _____

Contact Address: _____

Postcode: _____ Phone: _____

Email: _____

3: Details of child/teens on the autism spectrum:

Name: _____ Date of birth: _____

Diagnosis: _____ Date of diagnosis: _____

Name: _____ Date of birth: _____

Diagnosis: _____ Date of diagnosis: _____

Name: _____ Date of birth: _____

Diagnosis: _____ Date of diagnosis: _____

4: Any other significant information: _____

5: Which course do you wish to attend (please tick)

Spring Term 2019 (March – April 2019)

Summer Term 2019 (May – June 2019)

Data protection

The information on this form will be stored by the Autism Family Support Team in line with RMBC data protection procedures.