



ADHD: PARENT EMPOWERMENT & SKILLS TRAINING PROGRAMME APPLICATION FORM

Programme applying for - BURNLEY or BLACKBURN

Date Form completed

| | | | |
|---|-------------|-------------|-----------|
| Family Address | | | |
| Postcode | Tel: | email | |
| Who lives at this address? | | | |
| Parent/Carer (1) | Male/Female | Ethnicity | |
| Parent/Carer (2) | Male/Female | Ethnicity | |
| Other Adult (18+) | Male/Female | Ethnicity | |
| ADHD Child (1) | d.o.b. | Male/Female | Ethnicity |
| ADHD Child (2) | d.o.b. | Male/Female | Ethnicity |
| Sibling | d.o.b. | Male/Female | Ethnicity |
| Sibling | d.o.b. | Male/Female | Ethnicity |
| Sibling | d.o.b. | Male/Female | Ethnicity |
| School(s) attended by ADHD Child(ren) | | | |
| EHC? YES / NO If YES: Is plan in place? YES / NO If NO: Is assessment ongoing? YES / NO | | | |
| Give details of any learning difficulties (i.e. dyslexia, developmental, etc.) | | | |
| | | | |
| Give details of any additional medical conditions | | | |
| | | | |
| Give details of any medication(s), learning support, therapy or other help currently being provided | | | |
| | | | |
| Give details of any Services or Agencies with whom you are involved. | | | |
| Service/Agency | Contact | Tel: | |
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| Give reasons for applying for this programme | | | |
| | | | |
| How did you learn about the programme? | | | |