



## ADHD: PARENT EMPOWERMENT & SKILLS TRAINING PROGRAMME APPLICATION FORM

Which venue are you applying for

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:	
Service/Agency	Contact	Tel:	
Service/Agency	Contact	Tel:	
Give reasons for applying for this programme			
How did you learn about the programme?			