

## Application form

This form is for parents who would like to book a place on a parent seminar. Please complete the form and return it to the contact given in the grey box.

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**020 8399 5344**

**Please let us know which seminar you are interested in attending and how many places you would like (up to a maximum of 2).**

Seminar title:

Seminar date:

Name (parent/carer):

Email:

Telephone:

Name (2nd place):

Address:

Postcode:

**It is useful for us to know some details about your child with autism before the seminar.**

Name of child with autism:

Child's date of birth:

Child's age:

What is your son/daughter's diagnosis? (Please tick)

Autism

Asperger syndrome

Autism Spectrum Disorder

Other (please describe)

Date of diagnosis: (approx)

Once you have returned this form to the address, we will reply to you as soon as possible to let you know whether there is space available on this course.