

Sibling Group Application 2017

Name of sibling (that you wish to attend the group): **M/F**

.....
DOB: **Age:** **School Year:**

School:

Ethnic background:

Parents/ Carers:

Address: **Postcode:**

Tel: **Mobile:**
E-mail address:

Brothers/ sisters with autism:

DOB:

Diagnosis:

Does the sibling that you would like to attend the sibling sessions have any additional needs themselves?

Are there any other agencies involved with this sibling?

Would you like to book a place for the parent workshops? yes/no

Other information (e.g. allergies, as we provide squash and biscuits in the sessions)- continue over the page if necessary

* * * * *

I request that my child join the sibling group. I confirm that the information above is accurate.

Signed: **(Parent/Carer) Date:**

If someone other than a family member is sending in the form, please give details:

Name: **Role:**

Contact Details (including e-mail):

Signed: **(Referrer)** **Date:**