|  |  |  |
| --- | --- | --- |
| **­­Child’s Name**  **Pronouns - (optional)** |  | |
| **Age** |  | |
| **Parent/Carer’s Name** |  | |
| **Contact phone number(s)** |  | |
| **Emergency Contact Name (First Point of Contact)** |  | |
| **Emergency Contact Phone Number** |  | |
| **GP Name and Practice** |  | |
| **GP Telephone Number** |  | |
| **Home Address – Including Postcode** |  | |
| **Please list any Allergies** |  | |
| **Please list any Dietary Requirements** |  | |
| **Please list any Medications –**  That your young person currently takes |  | |
| **Does your young person have photo consent?**  Please select one of the options   * **Select one on the left (Y/N)** | **Yes – External (social media, Funding Reports etc.)**  **Yes – Internal Only (in PAS)**  **No - to all photos** | |
| **Outcomes**  Let us know what you’d like your young person to gain out of accessing the term time programme.  Please do not list more than 3 outcomes to allow us to focus our support.  *e.g. building confidence, developing social relationships, improving communication.* |  | |
|  | |
|  | |
| **Tell us about your young person Autism diagnosis status** | Going through Assessment | Yes / No |
| Confirmed ASD Diagnosis | Yes / No |
| Date of ASD Diagnosis if known: |  |
| Another **official** diagnosis of: |  |
| **Does your young person have permission to walk home from activities without parent/carer?**  For safety reasons, if you do not consent to your young person leaving the building alone, please ensure to pick up/drop off your young person at the main door. Otherwise, we will need to phone the main contact to confirm arrangements. |  | |
| **Updates**  If your young person hasn’t accessed PAS services in the last 6 months, please let us know any new information we may require.  *e.g. new behaviours, or challenges, risks, other official diagnosis, and medical conditions.* |  | |
|  | |
|  | |

**IMPORTANT INFORMATION**

* **All groups will be priced at £7.50 per session. However, please remember all groups are booked on a block booking. Therefore, you will be invoiced for the full number of sessions regardless of how many attended.**
* **After the confirmation email is sent out, you will have a 7-day grace period to cancel a space in the groups, otherwise you will be charged. Your invoice will be generated after your confirmation email, you will have 14 days to pay your balance once you receive your invoice or you may risk losing your place in the class. If you wish to discuss payment plan options, please contact the Finance Team on finance@perthautismsupport.org.uk**
* **Please indicate your preferred days/times of support. As we need to accommodate young people in the most appropriate groups, we cannot guarantee that we will be able to offer your preferred times. However, we will always aim to allocate your child a space in one group they have chosen. Thank you for your understanding.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Area** | **Day** | **Date** | **Activity** | **Time** | **Tick for**  **Preferences** |
| Crieff – Strathearn Community Campus | **Tuesdays** | **23rd April**  **7th May**  **28th May**  **11th June** | **PAS Crieff  Social Group** | **6:00-7:30pm** |  |
| Kinross – KYTHE Hub | **Tuesdays** | **30th April**  **14th May**  **4th June**  **18th June** | **PAS Kinross  Social Group** | **6:00-7:30pm** |  |
| Pitlochry – Atholl Centre | **Wednesdays** | **\*24th April**  **8th May**  **29th May** | **PAS Pitlochry  Social Group** | **5:30-7:00pm** |  |
| Blairgowrie – Live Active | **Wednesdays** | **1st May**  **15th May**  **5th June**  **19th June** | **PAS Blairgowrie  Swimming and**  **Social** | **5:30-7:00pm** |  |

**\*Due to the Atholl Centre being unavailable until the end of June, we are unable to run 4 sessions. You will only be charged for the three sessions.**

* **Booking Forms must be returned by email to** [**activities@perthautismsupport.org.uk**](mailto:activities@perthautismsupport.org.uk) **by Monday 8th January.**
* **You will be notified of successful places w/c 15th January.**
* **Invoices will be sent out w/c 22nd January.**
* **If you have any questions regarding the information on the booking form, please contact** [**activities@perthautismsupport.org.uk**](mailto:activities@perthautismsupport.org.uk) **and we will respond as soon as possible.**