

Introduction to Autism/Neurodiversity for Parents – application form

Parent Name

Parent Address

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Parent Contact Telephone number

Parent Email address

Number of places requested on course (please circle) 1 ☐ 2 ☐

If 2 places requested, please give name /relationship of other person attending

.....

Location of preferred training

Christchurch ☐

Bournemouth ☐

Poole ☐

Virtual ☐

Please return this form to jackiehorne@linwood.bournemouth.sch.uk

Please rate your current knowledge / understanding of Autism / Sensory Differences and strategies to use to support your child/ren.

None ☐ Minimal ☐ Some ☐ Lots ☐