

|  |  |
| --- | --- |
| **Name of child:** | **Date of Birth:** |
| **Name of Parent:** | **Address:** |
| **Telephone number:** | **Email address:** |
| **Health Visitor:** | **GP:** |

Thank you for requesting a place in our new 0-5 Parents and Toddler Additional Needs Group, we look forward to meeting you.

It is important to us that the sessions are relaxed, friendly and parent focused and to help us provide the best support for you and your child it would be helpful if you could let us know what is important to you. Please tick all that apply.

A safe place to ask questions about disabilities and additional needs

To realise you are not alone in what you may be feeling

Understanding more about why your child behaves the way they do

Looking for ideas to support your child

Increase your confidence and learn about your child’s development

Be able to chat to experience staff

Feel less isolated after Covid

**Please return this form to** [**FFDS@actionforchildren.org.uk**](mailto:FFDS@actionforchildren.org.uk) **and in doing so you have agreed for FFDS at Action for Children to contact you and to us sharing your information with others. If you would like to chat, we are at the end of the phone on 07834006275.**

**Places are strictly limited at this time, and we will confirm your place via email.**