



HOLIDAY ACTIVITY DAYS – REFERRAL FORM

Parent(s)' names:.....
Address:.....

.....Postcode

Tel. no.:.....Mob No:.....

Email:.....

Name of disabled child:Date of birth:.....

(a) My child's Primary diagnosis is:eg Autism/Asperger
.....
.....

(b) Please tell us of any additional medical conditions which need specialist care.....
.....
.....

Which School do they attend?.....

Does your child have a statement of Special Educational Needs (SEN)? YES/NO

How do they communicate? Verbal/non-verbal Uses **word/pictures/objects/PECS**

Please give us any information about anything else that is special about your child's needs ie:
additional diagnoses, feeding/dietary issues, toileting issues.

.....
.....

Please return to:
The Playscheme Coordinator
Autism Concern
Suite 20-21 Burlington House
369 Wellingborough road
Northampton NN1 4EU

As of January 2009 our Holiday Activity Days are only available to our membership.
Are you a member? If not please call our free phone line 0808 808 9090 for a membership pack.

Autism Concern play schemes are committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.