

9 Tilehurst Road London SW18 3EX

020 3369 9630 enquiries@ukyap.org www.ukyap.org

Application Form for Services

I would like to apply for: (tick all that apply)		
Fully-Staffed Core Programme:		
Parent-Managed Workshop Programme:		
Standardised Assessments:		
1	Child's Full Name:	
	Date of Birth:	
	Chronological Age:	
	11	
	Home Address:	
	Post Code:	
2	Parent 1: Full Name:	
	Occupation:	
	Home Address: (if different to child)	
	Post Code:	
	Phone number:	
	Email address:	



3	Parent 2: Full Name:	
	Occupation:	
	Home Address: (if different to child)	
	Post Code:	
	Phone number:	
	Email address:	
4	Languages used in home settings:	
	Primary language used with child:	
5	Does your child have a diagnosis of a developmental disability? e.g. Autism	
	If so, please state:	
	Does your child have difficulties that have not been diagnosed?	
	If so, please briefly outline:	



6 Does your child have any other medical conditions?	
If so, please state:	
Is your child taking any prescribed medications?	
If so, please state:	
Is your child currently receiving any other therapies or interventions?	
If so, please state:	

7	Please give details of any professionals involved with your child:	
	Paediatrician:	
	Speech and Language Therapist:	
	Occupational Therapist:	
	Clinical Psychologist:	
	Other:	
	Other:	



8	Please give details of your child's current educational provision, if applicable:		
	School Name:		
	School address:		
	Post Code:		
	Please give details of the placement: e.g. 1:1 support, number of hours each week		
9	Does your child have an Education and Health Care Plan (EHC		
	Does your child have a Statemen Special Educational Nec		

When submitting your application form, please provide the following:

Copy of child's diagnosis:

Medical document confirming current state of health:

Any other evaluations and/or assessments:

A recent photograph of your child:



Applications should be sent to enquiries@ukyap.org

Please contact us if you wish to post your application.

