



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:	
	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:	
	Family religion (optional):	
	Please include if you would like us to be aware of festivals, holidays, traditions, and dietary practices that your child takes part in	

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:	
Does your child have any allergies or dietary restrictions?		
If so, please state:		

7	Please give details of any professionals involved with your child:	
	Paediatrician:	
	Speech and Language Therapist:	
	Occupational Therapist:	
	Clinical Psychologist:	
	Social Worker:	
	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 (EHCP)?	
	Does your child have a Statement of Special Educational Need?	

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:

I/we understand that if a place at UK Young Autism Project is secured for my child, then UK YAP may contact our current educational provisions to inform them of this change and to request relevant reports to assist in the transition of services.

Applications should be sent to enquiries@ukyap.org

Please contact us if you wish to post your application.