

Activities for All Registration Form Online Workshops

To gain access to Scope's online workshops, please complete and return to: leeds@scope.org.uk

Name:	
Child's Name:	
Child's age & D/O/B:	
Telephone:	
Email Address:	
Postcode:	
Disability/Additional Need:	
Are you currently using any other of Scope's services and if so which?	
Preferred class time:	Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/>
Preferred day:	Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/>
Name up to 3 areas you want the facilitator to cover in the behaviour support workshop	
1.	
2.	
3.	

Would you be interested in joining an online Facebook group after completing our session?

Do you need any reasonable adjustments to be made for you?

Parent/Carer Consent

Please be aware that this information may be shared with Leeds Children's Services to help support you with supporting your child. Services are required to submit regular monitoring data as part of their contract with Leeds City council. We will hold this data whilst we are working with you, and delete once the case has been closed for 1 year. You have the right to ask us to remove your information from our database at any time. We will only use your data to contact you to offer a service and for monitoring and feedback. We would be very grateful if you could please sign and date below to confirm your consent for this.

Thank you.

Parent/Carer Signature:

Date: