

***Introduction to Autism/Neurodiversity for Parents – application form***

Parent Name ………………………………………………………………………………………………………………………………………………………

Parent Address …………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………………………….

Parent Contact Telephone number ……………………………………………………………………………………………………………………..

Parent Email address ……………………………………………………………………………………………………………………………………………

Number of places requested on course (please circle ) 1  2

If 2 places requested, please give name /relationship of other person attending

…………………………………………………………………………………………………………………………………………………………………….

Location of preferred training

Christchurch

Bournemouth

Poole

Virtual

Please return this form to [jackiehorne@linwood.bournemouth.sch.uk](mailto:jackiehorne@linwood.bournemouth.sch.uk)

Please rate your current knowledge / understanding of Autism / Sensory Differences and strategies to use to support your child/ren.

None  Minimal  Some  Lots