



## ADHD course REFERRAL FORM

*This course is for parents/carers of **children aged 3-11yrs** who have (or might have) ADHD.*

### PROFESSIONAL'S DETAILS

Name:	
Job title:	
Phone:	Email:

### PLEASE CONFIRM PARENT/CARER IS AWARE OF AND AGREES TO THIS REFERRAL

Consent given by:	Date consent given:
Signature:	

### ONLINE REQUIREMENTS

1. The parent / carer will need a device to access the course online, via ZOOM. Please confirm that they have this:  
**YES / NO**
2. Parent's screen must be on during the course. Their first name and face must be visible to everyone, as it would be in a face-to-face course. Please confirm that they agree to this:  
**YES / NO**

### ATTENDING PARENT/CARER'S DETAILS

Name/s:
Address and post code:



Phone:	Email:
What is their ethnic origin?	
Is English their first language? <b>YES / NO</b>	
Do they have a disability/additional learning needs? <b>YES / NO</b> If yes, please specify and let us know how we can support them on the course:	
Have they attended any other parenting courses? <b>YES / NO</b> If yes, please tell us which ones:	

**REASON FOR THIS REQUEST (PLEASE ALSO INCLUDE WHETHER THE CHILD IS LIVING WITH THE PARENT/CARER)**

**PLEASE TELL US ABOUT THE CHILD WHO HAS (OR MIGHT HAVE) ADHD:**

Full Name:	
DOB:	
Age:	
Gender:	
Does the child live with the parent/carer? <b>YES / NO</b>	
Is there a Child in Need or Child Protection Plan in place? <b>YES / NO</b>	

Our Privacy Policy can be found at <https://www.sftrust.org.uk/privacy-policy/>.

Please confirm you have informed the parent / carer, and they agree, that their information will be kept in accordance with data protection laws: **YES / NO**

Please email this form to Southampton Family Trust at: [info@sftrust.org.uk](mailto:info@sftrust.org.uk)