

Registration Form

Completion of this form signals your interest in the programme. A member of the ASD Plus team will contact you to discuss the programme and your participation.

CHILDS DETAILS			Today's date: / /	
Name			Date of birth	/ /
NHI Number <i>E.g. ABC1234</i>			Gender	
Ethnicity			Hapu/Iwi	
Address				
What diagnosis has the child received?				
Who made the diagnosis?				
Where was the diagnosis made?			Date: / / (approx)	
PARENT/GUARDIAN DETAILS				
Name(s)				
Address <i>Only if different from above:</i>				
Phone		Day time:	Mobile:	Email:
OTHER				
Provide details of adult family/whanau members interested in participating in the ASD Plus programme e.g. grandparent, parent, aunt etc...				
1. Name and relationship to child		2. Name and relationship to child		3. Name and relationship to child
4. Name and relationship to child		5. Name and relationship to child		6. Name and relationship to child
If there are any days and times you are <u>not able</u> to participate in the programme please indicate here:				
<u>Days</u>			<u>Times</u>	
Parent/Guardian Signature:				Date: / /
If EOI <u>hasn't</u> been filled in by a parent or guardian please provide details as follows:				
Name:		E-mail:		Phone:
*(You must have obtained parental/guardian consent to submit this form)				

Please complete all fields in the form and return by either:

- E-mail: asdplus-education@idea.org.nz
- Post: ASD Programme Coordinator, IDEA Services, P.O Box 4155, Wellington 6140