

WAGGY TAILS – APPLICATION FORM

Please complete this form so we are able to offer the right level of support when your child is offered a place at Waggy Tails.

Your child's name: _____

Date of birth: _____, Age: _____

Address: _____

Post code: _____

Name of parent/carer: _____

Telephone: _____, Mobile: _____

Email: _____

School/college: _____

Date of application: _____

ADDITIONAL INFORMATION ABOUT YOUR CHILD

DIAGNOSIS:

What is their diagnosis? (eg. Autism/ASD, ADHD, Global Developmental Delay, Mild/Moderate/Severe Learning Difficulties, Downs Syndrome, etc)

Do they have any medical conditions we should know about? (eg. Epilepsy, Asthma).

Are there any triggers/things to look out for?

AREAS OF DIFFICULTY:

Please mark those which apply.

☐ Language/communication

☐ Learning difficulties

☐ Physical/motor Skills

☐ Behaviour

☐ Sensory issues

☐ Visual/hearing difficulties

Additional comments: _____

LANGUAGE/COMMUNICATION SKILLS:

How does your child communicate? Please mark those which apply.

- | | |
|--|---|
| <input type="checkbox"/> Non-verbal | <input type="checkbox"/> Sign/gesture/symbols |
| <input type="checkbox"/> Single words | <input type="checkbox"/> Short sentences |
| <input type="checkbox"/> No difficulty | |

What is your child's level of understanding? Please mark those which apply.

- | | |
|--|--|
| <input type="checkbox"/> Needs visual demonstration | <input type="checkbox"/> Follows contextual instructions |
| <input type="checkbox"/> Follows longer instructions | <input type="checkbox"/> No difficulty with understanding language |

Additional comments: _____

PHYSICAL SKILLS:

Eg. No mobility issues, difficulty with fine motor skills, needs help with stairs, unsteady on feet, uses wheelchair

ANY SENSORY DIFFICULTIES?

Eg. Sensitive to sound, avoids crowds, difficulties touching certain textures, can become overwhelmed/overstimulated, hearing difficulties, visual difficulties

ANY BEHAVIOURAL ISSUES?

Strategies that help: _____

**WHY ARE YOU INTERESTED IN COMING TO WAGGY TAILS?
WHAT WOULD YOU LIKE YOUR CHILD TO GET OUT OF COMING TO THE CLUB?**

ANY OTHER INFORMATION?

PHOTO RELEASE:

Whilst at Waggy Tails your son/daughter will have their photograph taken, which may appear on our Facebook page or website. Please sign below to acknowledge that you are in agreement with your child being photographed.

Please post your completed form to:

Carol Petley
Emmanuel Church
South Croydon
CR2 7AF

If in their opinion, and after consultation with the therapists, the trustees consider that a child is not benefiting from Waggy Tails, parents/carers may be advised that continued attendance at the club might not be in their child's best interest.