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| **Parent/Carer Details** |
| Name: |  |
| Email address: |  |
| Phone number: |  |
| Relationship to child/young person |  |

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| **Professional’s Details** |
| Name: |  |
| Signed: |  |
| Job title and Organisation: |  |
| Please complete this form and return to: courses@reminds.org.uk |
|  |
| Thank you for completing our autism course enquiry form, we will contact the parent/carer to discuss their needs and get them booked in. |

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| **Data Protection** |
| We need to keep the information given to us in this form.  We will not share the information with anyone else without getting permission first and all information will be confidential and kept securely.By submitting this form we have permission to store this information on file, and on computer. |