

Do you feel that you would benefit from meeting with other parents/carers of children with ADHD or an autistic spectrum disorder? If so why not come along to Angels.

Who is it For?

Parents and carers of children with a diagnosis of ADHD or an autistic spectrum disorder, or who are being assessed for the above conditions.

How much will it cost?

Membership of Angels is free, but we ask for a donation of 50p a session to cover refreshments.

Can I bring my pre-school child/children?

Yes, but for more details on each venue please visit our website.

Transport?

If you would like to attend but transport is a problem, please let us know.

How do I join?

Complete the application form and return it to the address given. We will send you a welcome letter and our latest newsletter confirming you are a member.

When can I attend?

Once you are a member you can come along to any of our events or meetings.

For further details please contact:-

Leise Cooper - Development Co-ordinator
leise@angelssupportgroup.org.uk / 07815 458355
or

Jane Wareing - Development Co-ordinator
jane@angelssupportgroup.org.uk / 07718 755167

APPLICATION FORM

- In accordance with the Data Protection Act individual data collected will only be accessed by Angels Support Group CRB checked staff and will not be passed onto any third party or published publicly with any details which could potentially identify a family.
- The information will be used solely to compile statistics to enable us to obtain further funding, and to ensure our services continue to meet the needs of our members.

Surname of Parent: _____

First Name: _____

Address : _____

_____ Post Code _____

Tel: _____ Mobile: _____

email: _____

Do you consider yourself to have a disability? Yes No

Surname of Child: _____ First Name: _____

Date of Birth: _____ Diagnosis: _____

GP: _____ School: _____

Please give details of any other children in the family as they are welcome to attend any events that Angels run.

Sibling One:

Surname: _____ First Name: _____

Date of Birth: _____ Details of any special needs: _____

Sibling Two:

Surname: _____ First Name: _____

Date of Birth: _____ Details of any special needs: _____

Sibling Three:

Surname: _____ First Name: _____

Date of Birth: _____ Details of any special needs: _____



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