

**The ADD-vance ADHD and Autism Trust**

**Passionate about Understanding, Embracing and Celebrating Neurodiversity**

**SEN Support Services Enquiry**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Parent name: | |  | Mobile number: |  | | |
| Email address: | |  | Home number: |  | | |
| Address (including postcode): | | | | | | |
| Child name: |  | | Child DOB: | |  | |
| Brief summary of needs, eg diagnosis: |  | | Medication prescribed: | |  | |
| Current school or educational placement: | | | | | | Current year group: |
| Child’s address (if different to above): | | | | | | |
| Enquiry (please circle):  SEN enquiry EHCP application Interpretation of reports Review of draft EHCP Preparation for Annual Review  Anything else: | | | | | | |

**Terms of agreement**

I agree to ADD-vance SEN Support Services storing my personal data on their systems. Personal data will be held in the strictest confidence and not shared with any other parties without my prior agreement. (The only exception being if it is felt there is a safeguarding concern or if there are reasonable grounds to believe that there is imminent or likely risk of serious danger to myself or others.)

I agree to pay for services commissioned at the agreed rate within 14 days of receiving the invoice.

I understand that results cannot be guaranteed and, by agreeing to these terms and conditions, I accept full responsibility for myself and any actions that I take as a result of SEN advice, information and support provided to me through this service.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please send the completed form to:** [bridget.livsey@add-vance.org](about:blank) and [coaching@add-vance.org](about:blank)