*This is a general form to cover all sorts of families. As such, there may be sections which are not applicable to your family or children. Please complete any necessary information you are happy to share. See privacy note at the end.*

Signing up for (delete as appropriate):

Parent Play Coaching/ Play Therapy/ POP Family Club

|  |  |  |
| --- | --- | --- |
| **Parents/Carers Names:**  **Sara Campbell** | | **Contact Address:** |
| **Contact phone number:** | | **Contact Email:** |
| **GP Name and Surgery:** | |  |
| **Ethnicity:** | | **Home Language:** |
| **Name of child:** | **M/F** | **D.O.B:** |
| **Year Group:** |  | **School:** |
| **Name of child:** | **M/F** | **D.O.B:** |
| **Year Group:** |  | **School:** |
| **Name of child:** | **M/F** | **D.O.B:** |
| **Year Group:** |  | **School:** |
| **Name of child:** | **M/F** | **D.O.B:** |
| **Year Group:** |  | **School:** |

It is helpful to know the following:

|  |
| --- |
| **Please give details of any other intervention or additional support your child has received from school or other services.** |

|  |
| --- |
| **Please give details of any diagnosis** (e.g. ADHD), **any medication and/or other medical problems or allergies:** |

|  |
| --- |
| **Please give details of any other agencies currently involved with your family (e.g. social services):** |

For Play Therapy and Parent Play Coaching (for POP Family Club, skip to the signature):

|  |  |
| --- | --- |
| **Background information and reasons for referral: Please include the reasons for referring your child for POP@Aylesbury Vineyard support and what you think is the cause of this.** | |
| **What three things do you hope will happen as a result of working with Mim?** | |
| **1.** |  |
| **2.** |  |
| **3.** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| For Play Therapy and Parent Play Coaching  **Other information:** | | | | |
| **How would you describe your children’s academic achievements currently?** | | | | |
| **How would you describe your children’s school attendance level? Please include any details about exclusions if appropriate.** | | | | |
| **Do any of your children have a Statement of Special Educational Needs?** |  | | **Do any of your children have an Education Health and Care Plan?** |  |
| **Do you have a child adopted or in the process of adoption?** | | **Or currently Fostered?** | | |
| **Who holds parental responsibility?** | | **Are all those holding parental responsibility in agreement with Play Therapy? Yes No** | | |

MUST BE COMPLETED BY ALL:

|  |  |
| --- | --- |
| **Signature of Parent/Carer (can be signed electronically and emailed).** | **Date:** |

By completing this form you are agreeing that Miriam Jannetta (POP Power of Play Therapy) and Aylesbury Vineyard Storehouse may hold this personal information and use it for the purposes of contacting you about your child’s needs based on the information provided. No information will be shared with additional parties without request or notification. Please ensure you also sign the Permission form for holding personal information for Play Therapy and Filial Play Coaching (if applicable).

In the same room- bed at the same time. Trying to put him to sleep a bit later. 7 in bed. Getting up a lot. Sometimes puts on the meditation app. Calming noise. Billy really likes that. Wanted mum there to get her to sleep.

Last 4-5 days keeps getting up.