**C.A.S.S. Enquiries and Registration Form**

**Please provide as much detail as possible in this form to assist service provision.**

**\* = mandatory**

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| \*Date of Referral: | |  |
| **Child or Young Person (CYP) Information** | | |
| \*Forename: | \*Surname: | |
| \*Date of birth: | Gender: | |
| \*Address: | \*Phone number (indicate if this is CYP number or Parent): | |
| \*Postcode: | Ethnic Origin (if you consider it relevant): | |
| NHS Number: | First language: | |
| \*School currently attending: | \*School attendance percentage: | |
| \*Does the child or young person have an Education, Health and Care Plan (EHCP)?  Yes  No | | |
| \*Is the child or young person currently on a waiting list for a neurodevelopmental assessment?  Yes  No  \*Has the child or young person had a neurodevelopmental assessment? Date:  \*What was the outcome of that assessment?  ASD diagnosis - Yes  No  Other:  \*Any other physical / health / special needs: | | |

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| **\*Parent/carer details (incl parental responsibility)** | |
| Parent/Carer (1) | Parent/Carer (2) |
| Full Name: | Full Name: |
| Address:      Post Code: | Address:      Post Code: |
| Relationship to CYP: | Relationship to CYP: |
| Holds parental responsibility? Yes / No | Holds parental responsibility? Yes / No |
| Phone (Home/Landline): | Phone (Home/Landline): |
| Phone (Mobile): | Phone (Mobile): |
| Email Address: | Email Address: |
| 1st Language (if not English): | 1st Language (if not English): |

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| **\*If parent/carer(s) listed above do not hold parental responsibility, provide details of person who does:** | | | | | |
| Full Name: | | Relationship to CYP: | | | |
| Address:  Post Code: | | | | | |
| Phone (Home/Landline): | | Phone (Mobile): | | | |
|  | **Other person(s) within family / household** | | | | |
| **First Name** | **Family Name** | | **DOB** | **Relationship to CYP** | **Same Address?**  **Y/N** |
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| **ABC services of interest** |
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| **\*Reason for referral:**  Please include as much detail here as possible |
| \***Presenting need**: school attendance, behaviours of concern, in education, at home, in the community? |
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| **\*Intervention History**: Please detail any previous interventions/services accessed, and outcomes (e.g. IDS, Flex Learning, Early Help, Education Psychology, NSPCC, Counselling, Triple P, Autism Parent Training Course etc.): |

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| **Is there any other information which might be important or relevant to your registration?** |
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By submitting this form for registration with **C.A.S.S.** you are also confirming that you are aware of and have read and understood **TERMS,** the **ETHICAL FRAMEWORK** and other **POLICIES** detailed on the website: cass.org.uk**.**