**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 [x]  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**.**