**CHUMS Psychoeducation Workshop Registration Form**

Please answer all the questions below and clearly state which workshop you would like to attend (e.g. 0-5 resiliency, primary resiliency, secondary resiliency, parent sleep workshop, teenage sleep workshop etc). After you have completed the form, please return it to [fwteam@chums.uk.com](mailto:fwteam@chums.uk.com). Before completing the form, **please read the following information:**

* In order to be accepted onto a workshop, your child must be registered to a GP surgery in Central Bedfordshire, Bedford Borough or Luton.
* The workshops are designed as a starting point for families who have not previously accessed support from mental health services and are suited for children with low level difficulties.
* If you are concerned that your child’s problem is causing a moderate/severe impact on their life, then these series of workshops are unlikely to address your concerns and we would recommend making a CHUMS/CAMHS referral on our website; <http://chums.uk.com/bedfordshire-and-luton-referral-forms/> .
* Equally these workshops will not address queries or difficulties in relation to risky behaviour (e.g., self-harm, suicide ideation).

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| --- | --- |
| Child’s First Name |  |
| Child’s Surname |  |
| Child’s DOB (DD/MM/YYYY) |  |
| Gender |  |
| Parent/ Carer Name and Relationship |  |
| Email Address |  |
| Telephone NO. |  |
| Home Address |  |
| GP Surgery |  |
| Ethnic Origin |  |
| Nationality |  |
| Main Language  (Also, if not English do you require a translator?) |  |
| Current School |  |
| Does your child have any disabilities or physical restrictions? | YES/NO  If yes, list here: |
| Does your child have any long-term conditions? (E.g., asthma, eczema) | YES/NO  If yes, list here: |
| Does your child have an Educational Health & Care Plan? | YES / NO |
| Is your child known to Early Help / Social Services? | YES / NO |
| If known to Social Services, is your child considered a “Looked After Child”? | YES / NO |
| Are you currently in the process of completing an Early Help Assessment? | YES / NO |
| Does your child have any diagnosed learning disabilities (e.g. dyslexia)? | YES / NO |
| Does your child have a formal diagnosis of ADHD? | YES / NO |
| Does your child have a formal diagnosis of ASD? | YES / NO |
| **Workshop** you wish to attend and **date** of workshop  (Please state parent sleep workshop, 0-5 resiliency etc.) |  |