

CHUMS Psychoeducation Workshop Registration Form

Please answer all the questions below and clearly state which workshop you would like to attend. After you have completed the form, please return it to fvteam@chums.uk.com. Before completing the form, **please read the following information:**

- 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).
- All workshops are one off and your child will be discharged afterwards, with no further contact scheduled.
- If you are unable to attend a workshop, please email us and let us know at least 24 hours beforehand. If you give us less than 24 hours' notice or fail to attend, you will be discharged from our service.
- If you sign up to multiple workshops and you are unable to attend the first workshop, you must let us know 24 hours beforehand. If you do not inform us of this, we will assume that you do not want to access any further workshops and you will be discharged from our service.
- Please be mindful that these workshops may be subject to cancellation, we will aim to inform you of any cancellations as timely as possible. In the event that we are unable to do this prior to the workshop start time we will instead provide you with a Q&A session around the workshop topic.

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 (If English is not your first language and you require additional support, please discuss this with us.)	
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.)	
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