



# HOLIDAY PLAYSCHEMES Referral Form

Parent(s)' names:.....  
Address:

.....  
.....Postcode .....

Tel. no.:.....Mob No:.....

Email:.....

Name of disabled child: .....Date of birth:.....

(a) My child's Primary diagnosis is:eg Autism/Asperger  
.....  
.....

(b) Please tell us of any additional medical conditions which need specialist care.....  
.....  
.....

Which School do they attend?.....

Does your child have a statement of Special Educational Needs (SEN)? YES/NO

How do they communicate? Verbal/non-verbal Uses **word/pictures/objects/PECS**

Please give us any information about anything else that is special about your child's needs ie: additional diagnoses, feeding/dietary issues, toileting issues.

.....  
.....

Please return to:  
The Playscheme Coordinator  
Northamptonshire Society for Autism  
Suite 20-21 Burlington House  
369 Wellingborough road  
Northampton NN1 4EU

Charity Registration Number: 1062611

The NSA play schemes are committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.