**** EarlyBird Programme

# APPLICATION FORM TO BE COMPLETED BY PARENTS / CARERS

## All information will be treated confidentially

[ ]

Please tick to confirm that you agree that the information on this form can be stored electronically for the purpose of programme place allocation and administration. The information will be kept until you have completed the programme or for 18 months whichever is the sooner.

Child’s Name Known as

Date of birth [ ]  Male [ ]  Female

Address

Home Language(s)

What diagnosis has

your child been given?

Name of school/

Early Years Setting

Parents/Carers &

Names

Relationship to child

Contact Number Email Address

[ ] I/we are willing for relevant professionals (educational psychologist, speech and language therapist,

pre-school staff, etc.) to be informed that we are participating in the EarlyBird programme.

Parents’ / carers’ signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date



