



UK Young Autism Project

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www.ukyap.org

Application Form for Services

I would like to apply for: (tick all that apply)

- Centre-based Core Programme Service
- Workshop Outreach Programme Service
- Assessments for my child

Date of Application:

Names of Parents:

Name of Child:

Date of Birth: Chronological Age:

Address:

.....

Postcode:

Telephone Number:

Fax:

Email:

If you are applying for the centre-based or workshop programme services, please provide copies of the following documents:

- Diagnosis
- Certification of absence of medical conditions
- Any other evaluations and/or assessments of your child
- A recent photograph of your child