

## SOCIAL COMMUNICATION GROUP WORKSHOP

### Registration Form

(Please print)

#### SECTION 1

##### Client Information

Surname:			First name:		
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	DOB:	Age:	Referred by: <input type="checkbox"/> GP <input type="checkbox"/> Paediatrician <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Self <input type="checkbox"/> Close to home/work <input type="checkbox"/> Other:		
Current school:					Grade:
Has your child received therapy from Partners in Communication? <input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Not at all					
Did your child attend any of our previous Social Communication Workshops? <input type="checkbox"/> No <input type="checkbox"/> Yes – when?					
Has your child attended any other social skills programs? <input type="checkbox"/> No <input type="checkbox"/> Yes – with who?					

##### Contact Details

Street Address:		
City:	State:	Post code:
Parent/guardian name:		Phone:
Email:		

##### Emergency Contact

Alternative/emergency name:	Phone:
Relationship to child:	

#### SECTION 2

Does your child have any allergies/medical issues? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please provide details    
Does your child require the use of an Epi Pen? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please ensure your child brings the Epi Pen along to each session of the program. Failure to do so will mean your child will be unable to stay for the session.

### SECTION 3

Does your child have any neurodiverse diagnoses? ☐ Yes ☐ No If yes, please provide details

Has your child had any exposure or experience with the following concepts:

- ☐ Social Thinking
- ☐ Zones of Regulation
- ☐ Superflex
- ☐ Unthinkables
- ☐ Alert Program
- ☐ Other:
- ☐ None of the above

If you ticked any of the boxes, please describe the following as best you can:

- Approx. number of sessions:
- Main concept they were taught:

What are your child's special interests?

What skills would you like your child to learn in this group?

Please tick any of the following behaviours which best describe your child

- |   |   |
|---|---|
| <input type="checkbox"/> Attentive                    | <input type="checkbox"/> Reserved   |
| <input type="checkbox"/> Patient                      | <input type="checkbox"/> Inflexible   |
| <input type="checkbox"/> Anxious                      | <input type="checkbox"/> Physically aggressive (describe)                         |
| <input type="checkbox"/> Perfectionist                | <input type="checkbox"/> Verbally aggressive (describe)                           |
| <input type="checkbox"/> Impulsive                    | <input type="checkbox"/> Withdrawn – may hide or emotionally shut down (describe) |
| <input type="checkbox"/> Active                       |   |
| <input type="checkbox"/> Easily distracted            |   |
| <input type="checkbox"/> Oppositional                 |   |
| <input type="checkbox"/> May run away or try to leave |   |

Does your child have any other significant behavioural issues? ☐ Yes ☐ No

If yes, please provide details

A report will be completed for each child at the end of the program. If you would like this to be sent to anyone other than yourself, please complete the following:

School:

Email / Address:

Paediatrician:

Email / Address:

Other:

Email / Address:

Parent signature:

Date:

## SECTION 4

### Payment Details

**Please read this section carefully**

- **Programs funded by NDIS or FaHCSiA:** FaHCSiA and NDIS do not pay cancellation fees (\$150. therefore need to be paid privately. If you choose to withdraw from the program a fee of \$150 will be charged. Please ensure credit card details are completed.  
Total program cost for FaHCSiA \$450 (\$150 per session)
- **Private Payments:** Full payment is required *along with this Application*. Your card will be charged for the full amount of 3 sessions at \$135 each at a total of \$405. If you choose to withdraw from the program a fee of \$135 will be charged.
- The completed form, with full payment or funding letter/FaHCSiA/NDIS into letter is a prerequisite with your Application that you can post or email to us. If using email scan and send as a PDF attachment.
- Medicare rebates cannot be claimed for group speech therapy programs / sessions. You may be able to claim from your private Health insurance.

Payment for the program:

☐ Self ☐ FaHCSiA/Funding Agency – Name of Agency: \_\_\_\_\_

Payment enclosed: ☐ Cheque ☐ Credit Card (please complete card details)

Please charge my ☐ Visa Card ☐ MasterCard Expiry Date: \_\_\_\_ / \_\_\_\_

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Amount: ☐ Deposit for funded program \$150 or ☐ Full payment (Private) \$405 (Including Deposit)

CARDHOLDER NAME: \_\_\_\_\_ CARDHOLDER'S SIGNATURE: \_\_\_\_\_

**CHECK LIST:** Please check your application to ensure all required sections are completed, tick on the items on the list below, to confirm, and sign where required. Your application process could be delayed and forms returned to you if any section of the application is incomplete.

- ☐ I have filled in Sections 1, 2, and section 3 (if required)
- ☐ I have read and understood the notes in Section 4 have filled in payment / deposit details
- ☐ I have (circle a, or b, c, or d)
- a)** Completed the credit card details **b)** enclosed a cheque **c)** attached an authorization letter
- d)** attached a copy of the our FaHCSiA Introduction letter

SIGNATURE: \_\_\_\_\_ (Mum/ Dad/ Guardian) DATE: \_\_\_\_\_