

All About Me

	Name	
	Date of Birth (if under 18)	
	Contact number	
	Parent/ Carer name and contact number (if applicable)	
	What am I like? What will I enjoy in church?	
	What am I likely to find difficult in church?	
	What helps me participate?	
	If I am upset how can people help me?	
	What medical needs or allergies do I have?	
	Do I need any support with moving, eating, drinking or personal care?	
	Signed by	
	Date	
	I consent for the following (please tick if this is necessary)	<ul style="list-style-type: none"> <input type="checkbox"/> Support with personal care <input type="checkbox"/> Support with eating and drinking <input type="checkbox"/> Use of suncream/ lotion/ messy play

Growing Hope provides free therapy for children and young people with additional needs in partnership with local churches across the UK. We want to enable all churches to be as accessible as possible - this form helps parents to provide information that enables children and young people to thrive in church groups. Find out more at www.growinghope.org.uk