

Wiltshire Community Child & Adolescent Mental Health Service

Melksham Hospital, Spa Road, Melksham SN12 7NZ

Tel: 01865 903777

**APPLICATION FOR A PLACE ON THE**  **GROUP FOR PARENTS OF TEENS**

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| **Parent/Carer Details** | | | |
| **Name (s) of parent/carer:** |  | | |
| **Address:** |  | | |
| **Telephone number(s):** |  | | |
| **Email address:** |  | | |
| **Any special requirements: (eg hearing impairment, disability access needed)** |  | | |
| **Children’s details** | | | |
| **Name** | **M/F** | **Age** | **School** |
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| **What would you hope to get out of attending the programme? (**provide as much information as possible) | |
|  | |
| **Date of application:** | : |

Please return to: Parenting co-ordinator [linda.mccann@oxfordhealth.nhs.uk](mailto:linda.mccann@oxfordhealth.nhs.uk)

If you have any questions or queries regarding the programme please contact me on 01865 903777 or 07920 233046