

**Parents Connect Referral Form**

**Online Workshops**

To gain access to Scope’s online workshops, please complete and return to: **parentsconnect@scope.org.uk**

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| --- |
| Name: |
| Telephone: |
| Email Address: |
| Postcode: |
| Child’s D/O/B: |
| Disability/Additional Need: |
| Preferred class time: Morning    Afternoon    Evening |

Please tell us how you heard about our online workshops: