

# HENRY 5-12: Parent course booking form

This document is **confidential**. Please return to [Taslima.akther@havering.gov.uk](mailto:Taslima.akther@havering.gov.uk)

Please tick one of the below.

- *I am the parent/carer completing this form and consent for the HENRY 5-12 team to contact me and for my details to be stored securely*
- *I am completing this form on behalf of a parent/carer and can confirm they consent for the HENRY 5-12 team to contact them and for their details to be stored securely.*

<b>Parent(s) name(s):</b>		
<b>School/setting:</b>		
<b>Name(s) and Age(s) of children:</b>		
<b>Address:</b>		
<b>Telephone:</b>		
<b>Mobile:</b>		
<b>Email address:</b>		
<b>How did you (the parent) find out about HENRY 5-12?</b>		
<b>Programme preference:</b> Please tick <input checked="" type="checkbox"/>	<input type="checkbox"/> Online <input type="checkbox"/> Face to face <input type="checkbox"/> Both	Morning: 9.30- 11am Lunch: 1 -2.30pm Evening: 6.30- 8pm
<b>Other relevant details:</b>	(E.g. brief reason for wanting to attend the programme, additional needs, language support required, ability to travel etc.)	
<b>Parent's/carer's signature:</b>		<b>Date:</b>

**Referred by:**

<b>Name:</b>		<b>Date:</b>	
<b>Job Title:</b>		<b>Base:</b>	
<b>Work Phone Number:</b>		<b>Email:</b>	