|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Family/group | | Ages of each family/group members | | | | | |
| Please let us know what event you are booking.  e.g. Family Session/Group Session/Camp/Event? Ad Hoc or regular? Which site? | | | | | | | |
|  | | | | | | | |
| Name of Group Leader  (If applicable) |  | | Role/Relationship to Family/Group | |  | | |
| Email |  | | Phone |  | | Mobile |  |
| Address |  | | | | | | |
|  | | | | | | | |
| Parent/Carer name(s) |  | Address |  | | | | |
| Email |  | Phone |  | | | Mobile |  |
| Parent/Carer name(s) |  | Address |  | | |  |  |
| Email |  | Phone |  | | | Mobile |  |
| ABOUT THE FAMILY  We would like to hear about the background, the positives, the likes and dislikes, the particular needs and any current challenges, and what the family is currently accessing (where applicable). If ad hoc family session, then please just let us know briefly what you would like to get out of the session. | | | | | | | |
|  | | | | | | | |
| If you were to outline the outcomes you, the family/group are hoping for in three separate goals for them at Elysian, what would they be? | | 1.)  2.)  3.) | | | | | |
| Please can you outline any  known risks | |  | | | | | |
| Please can you outline any  medical needs, including  current medication, allergies  or significant medical history  we need to be aware of | |  | | | | | |
| Is there anything else that  we should know? | |  | | | | | |
| For (family/group) therapeutic sessions please send to refer@elysianuk.org  For event booking such as camps please send to [events@elysianuk.org](mailto:events@elysianuk.org)  If you have any queries or questions you can also call the office on 07944875155. | | | | | | | |