



## MHST Parenting Enrolment Form (self referral)

Courses Offered:

Cathy Creswell Helping Your Child with Fears and Anxieties **(A)**  
or Guided Self Help for Better Behaviour **(B)**

<u>Childs Name</u>	<u>DOB</u>
<u>NHS number if known</u>	<b>Programme: A or B</b>

<u>Address</u>	<u>Home phone No:</u>
<u>Post Code</u>	<u>Mobile No:</u>
	<u>Email address:</u>

<u>Parents/Carer names</u>	<u>Other family members/DOB's</u>
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<u>GP / Contact details</u>	<u>School</u>
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<u>Any other information</u>	
<u>Please print your name here</u>	<u>Date</u>

We ask that you complete our enrolment form to enable us to record this information on our electronic patient record system (SystemOne). If you would like any additional information about how we record you data please let us know, alternatively please refer to our website:

<https://www.cwp.nhs.uk/resources/leaflets/privacy-notice-information-we-hold>