



7/F, 633 King's Road  
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## FEB – MAY 09 Parent Training Application Form

This form should be completed in **BLOCK LETTERS**. Please return the completed application form accompanied with a cheque of HK\$12,000 to "Autism Partnership Limited" on or before **23<sup>rd</sup> January 2009**.

### Personal Information

#### Parent Information

Name	(Father)	(Mother)
HKID No.	(Father)	(Mother)
Home & Cell No.	(Father)	(Mother)
Email Address	(Father)	(Mother)
Home Address		
Family Members Attending	<input type="checkbox"/> Father	<input type="checkbox"/> Mother

#### Child Information

Name	(English)	(Chinese)
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth	Age	(dd/mm/yr)
Language	<input type="checkbox"/> English	<input type="checkbox"/> Cantonese

**Other Information**

Is your child currently a client of AP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any special medical / dietary / allergy concerns?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify.		
Preferred time for your child to attend the practical sessions:	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Please write down what you hope to gain from the parent training course.		

**Declaration and Signature**

I hereby give consent for any training sessions to be video taped for the purpose of future AP training.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Official Use Only**

Check No. \_\_\_\_\_ Receipt No. \_\_\_\_\_