







## **SEN-Explorers General Enquiry Form**

Thank you for your interest in SEN-Explorers! Please fill out this form to help us understand your child's needs and how we can best support them. A member of our team will be in touch soon.

Parent/Guardian Details
Full Name:
Email Address:
Phone Number:
Preferred Contact Method: $\square$ Phone $\square$ Email $\square$ WhatsApp
Child's Details
Child's Name:
Date of Birth: /
Gender: ☐ Male ☐ Female ☐ Other ☐ Prefer not to say
Diagnosis (if applicable):
Current School/College:
Support & Needs
Does your child have an EHCP (Education, Health & Care Plan)? $\square$ Yes $\square$ No $\square$ In Progress
What areas does your child need support with? (Tick all that apply)
☐ Travel training (public transport, route planning)
☐ Money management (budgeting, shopping)
$\square$ Social skills (communication, friendships, confidence)
☐ Work experience & employability skills
☐ Independent living skills (cooking, self-care, household tasks)
☐ Residential trips & holiday programs

<b>♂</b> Goals & Expectation	ons_
What would you like yo	our child to gain from SEN-Explorers?
Are there any specific c	challenges or concerns you would like us to be aware of?
Availability & Next	Stens
	o start?   ASAP   Within 3 months   Future interest
	ed in an initial consultation? □ Yes □ No
<b>★</b> Additional Information	<u>tion</u>
	you would like us to know?
✓ Consent & Agreem	<u>ient</u>
-	n, I confirm that the information provided is accurate to the best of my to SEN-Explorers contacting me regarding my enquiry.
Signature:	
Date: / /	