



SUFFOLK  
PARENT CARER  
NETWORK

**Section 1: About you**

Full Name

Address

Postcode

Telephone number

E-mail

**Section 2: About your Child/Children with SEND (Special Educational Needs and/ or Disabilities)**

Providing us with information about your child/children will mean we can contact you about the issues most relevant to you, your child's additional needs or disabilities:

Children's name(s) & date of birth

Your child(ren)'s additional needs or disabilities (Please let us know if these are diagnosed or not yet)

Name of the education setting your child(ren) attends:

Is there anything else you would like us to know?



### Section 3: Help us to get it right

The following information is optional, but will help us to ensure that we are representing the full range of parent carers.

Your Ethnic Background.....

### Section 4: Do You want to become more involved?

Are you interested in becoming a parent rep?

Parent reps attend meetings, sit on boards, and use their experiences and those of other parent carers to help get what our children need.

- Yes I would be very interested
- I would like more information
- I am not sure
- No

**Thank you for joining!** By completing this form you agree to become both a member of the Suffolk Parent Carer Network and for your information to be stored on our database

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Signature

Date