



## Expression of Interest

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender  Female  Male

Ethnicity  NZ European  Maori  Pacific Island  Asian  Other

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about this programme

\_\_\_\_\_

Age child will start school \_\_\_\_\_

What diagnosis has been given? \_\_\_\_\_

Date of diagnosis \_\_\_\_\_

Place of diagnosis \_\_\_\_\_

Mother's name \_\_\_\_\_

Father's name \_\_\_\_\_

Family address \_\_\_\_\_  
\_\_\_\_\_

Telephone details Home \_\_\_\_\_

Work \_\_\_\_\_

Mobile \_\_\_\_\_

Are there any days or times in which you are unable to attend? If so please state here \_\_\_\_\_

**When completed, return to**  
Pat Gluck  
Autism New Zealand Inc.  
PO Box 12599 Thorndon, Wellington 6144  
Ph 04 470 7616 Fax 04 470 7617  
Email: pat.gluck@autismnz.org.nz

*\*\* Please note that this form is not an application form and completion does not guarantee placement.*