

Registration of Interest for Youth Initiative

Participant's details:

1 What is the age of the participant?

2 What is the participant's Diagnosis? Please give all diagnosis.

3 What is their local area or postcode?

4 Are you interested in day session on a weekday or weekend?

5 Please tell us what activities the participant is interested in?

Parents/ Guardian details:

6 Name [(First Name) (Second Name)]:

7 Relationship:

8 Telephone Number:

9 E-mail:

Please email this file to register@boundlesscare.co.uk.

We will aim get in touch you in the next 48 hours to find out more about your young person to enable us to match them with suitable peer group and youth mentor.