

Parent/Carer request for free copy of Simple Steps



Please tick as appropriate;

I am the Parent / carer of a child diagnosed with Autism Spectrum Disorder

I am the Parent/carers of a child being assessed for Autism Spectrum Disorder

I am resident in Northern Ireland

Please Print in BLOCK CAPITALS

Name: _____

Address: _____

_____ Post code _____

Tel: _____ Email: _____

Details of child/children with ASD (or being assessed for ASD) circle as appropriate for gender

Age ____ Male : Female Age ____ Male : Female

Age ____ Male : Female Age ____ Male : Female

Tick as appropriate;

I will collect my copy of Simple Steps from the Peat office in person

If collecting please allow one weeks' notice. I will call on _____ (insert date)

(Peat office is open 9 to 5 Monday through Friday, best to telephone before you call)

Or

I enclose a cheque for £ 5.00 for postage and packaging

(cheque should be made payable to **Parents' Education as Autism Therapists**, please allow two weeks for delivery)

Return this form to;

Simple Steps Request
Parents' Education as Autism Therapists,
C/o Upper Springfield Development Co Ltd.
689 Springfield Road,
Belfast,
BT12 7FP