**Family Mentoring Programme**

**Funding application**

Name:

Address:

Email:

Phone:

Child name:

Details significant to the child:

Allergies: (of any person likely to attend)

1. Please give a description of your current home life, including environments, dynamics and relationships within the family, settled/unsettled, people at home, siblings etc
2. What do you consider to be your main challenges at present?
3. What do you value most about your life at present?
4. What do you hope to gain from this programme?
5. What attracted you to a programme with Autism Angels? What is the reason you want us to work with you?
6. What qualities do you hope to find in the coaches?
7. What time slot would you prefer? (please note that whilst we will try to accommodate preferences, this is not a given)
* 9.30 – 11.300
* 1.00 – 3.00
* Either/no preference
1. What is your preferred payment option
* Weekly
* Monthly
* One block payment
1. Any other information you feel is relevant