

Hello — let's find out if I'm the right fit for your family

Thanks for getting in touch. This form helps me understand your child and what you're looking for so we can have a proper conversation about whether I'm the right fit.

There's no obligation — just fill in as much as you can and I'll be in touch within 24 hours. If you'd prefer to chat first, just email or call instead.

01 ABOUT YOU

Your Full Name *

Your Relationship to the Child *

Best Email Address *

Best Phone Number *

Your Home Address / Area * Full address or just your postcode / town is fine

02 ABOUT YOUR CHILD

Child's Full Name *

Date of Birth *

Gender

Male

Female

Other

Prefer not to say

School or Educational Setting Include year group if you'd like

Your child's diagnosis or main areas of need * e.g. Autism, ADHD, cerebral palsy, learning disability — whatever feels relevant

03 HOW YOU'RE FUNDING SUPPORT

This helps me understand what's already in place and make sure I work alongside any existing arrangements correctly. There's no wrong answer here.

How are you planning to fund support? *

- | | |
|--------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Privately (self-funded) | <input type="checkbox"/> Direct Payment |
| <input type="checkbox"/> Personal Budget | <input type="checkbox"/> Through Purple / another managed account |
| <input type="checkbox"/> Other / not sure yet | |

Any extra detail about your funding arrangement e.g. your Purple reference, your LA contact, or if you're still waiting for a decision

04 WHAT SUPPORT ARE YOU LOOKING FOR?

When would you need support? (tick all that apply) *

- | | |
|-------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> After school (weekdays) | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> School holidays | <input type="checkbox"/> Help with homework or learning |
| <input type="checkbox"/> Getting out in the community | <input type="checkbox"/> Something else (tell us below) |

When exactly are you hoping for support? e.g. Saturdays 10am–4pm · after school Tues & Thurs · flexible during holidays

Where would support usually take place? e.g. at home, local parks, community activities — or a mix

What would a good day of support look like for your child? * What do you hope they'll get from it? Skills, confidence, fun, routine — anything goes

05 HELPING ME GET TO KNOW YOUR CHILD

The more you can share here, the better. I want to show up on day one already knowing what makes your child comfortable, what unsettles them, and how they communicate best. You know your child better than anyone — please don't hold back.

What does your child enjoy? What are they good at? Interests, favourite activities, things that motivate them

How does your child communicate? e.g. verbal, uses AAC/device, Makaton, signs, gestures — and how much they understand

Any sensory needs or things to be aware of? Sounds, textures, environments, routines — anything that helps or unsettles them

Anything that can be tricky, and what helps? No judgement here — knowing this helps me support your child safely and calmly

06 HEALTH & MEDICAL INFORMATION

Any allergies or medical conditions we should know about?

Does your child take any regular medication? *

Yes — I'll give details below No

Medication details (if yes) Name, dose, when it's given, and how — I'll ask you to sign a consent form separately

07 WHO ELSE IS ALREADY INVOLVED?

If your child already has support from other professionals or agencies, it's helpful for me to know so I can work alongside them — not across them.
You don't need to share anything you're not comfortable with at this stage.

What support does your child already have in place? e.g. EHCP, Teaching Assistant, OT, speech therapy, social worker, other PAs

Any other agencies or professionals we should coordinate with? Names and contact details if you have them — or just who they are

08 ANYTHING ELSE?

Is there anything else you'd like me to know before we speak? Previous experiences with PAs, things that haven't worked before, questions you have — anything

09 CONSENT & SUBMISSION

Please read before signing

I give consent for the information in this form to be held by Kai Care & Support for the purpose of assessing whether I can provide support for my child. I understand this information will be kept confidential and handled in line with GDPR. Completing this form does not commit me or Kai to any arrangement.

Your Full Name *

Signature *

Date *

Anything else you'd like to add

Kai Care & Support

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