

Student Registration form

Guidance:

- Please complete all sections of this form.
- This form may be completed by the student with support from a parent/carer/guardian, or by a supportive teacher, school advisor or assistant etc.
- Email any questions about completing this form to:
JPMorganCybercamps@nas.org.uk

Student details

Student Name (first, last and any middle names)

Student Age (in years)

Student D.O.B.

Student Preferred method of contact (email/skype/phone/text) and contact details

Student Home address (including postcode)

Diagnostic Status

Please tell us when the student was diagnosed – or when the student were referred for an autism spectrum condition assessment

Please also tell us what the diagnosis is (or likely to be)

Please also tell us whether the student has any co-occurring neurodiverse conditions such as ADD/ADHD/Dyslexia/Dyscalculia/Dyspraxia/Dysgraphia)

Other support professionals: Please tell us about any existing people that support the student receives, if any, either in school or out of school, relating to the student's autism spectrum condition or any other condition or disability

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Other professionals Preferred method of contact (email/skype/phone/text) and contact details

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School details

School contact name (E.g. learning support tutor, form tutor or IT/Computing teacher)

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School contact's preferred method of contact (email/skype/phone/text) and contact details

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School (name and address, including postcode)

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Parent/Carer/Guardian details

Parent/Carer/guardian name

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Parent/carer/guardian preferred method of contact (email/skype/phone/text) and contact details

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Parent/Carer/Guardian address, including postcode (if different from student)

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Relationship to student (please tell us what this person's relationship is to the student)

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PRIVACY NOTICE

- JP Morgan Chase and The National Autistic Society will process the personal data supplied on this form for the purposes of supporting the young person effectively during the Cyber Camps programme.
- JP Morgan Chase & The National Autistic Society will contact the people named on this form as required for security, safeguarding and support purposes.
- By signing this form I consent to the data on this form being processed as set out above.

I am parent/carer/guardian/teacher/other support professional and I am completing this form on behalf of the young person (delete as appropriate)

I confirm that, to the best of my knowledge, the student meets the eligibility criteria checklist provided separately

Name (print in capital letters):

Date:

Signature: