

# Request for Support for a Child or Young Person



Name of child or young person	
Date of birth	
Address	
Phone number	
Email	
Name of parent (if under 16)	
Phone number or email of parent (if under 16)	
Name of school/college or nursery	
Year group	
Brief description of help required	
Name and position of person completing form	
Signature of child/young person	
Date of request	

Please return this form to  
 SENDIASS  
 Wokingham Youth Centre  
 Reading Road  
 Wokingham  
 RG41 1EG  
 Or email [Sendiass@wokingham.gov.uk](mailto:Sendiass@wokingham.gov.uk)