



## FAMILIES IN MIND

### SUPPORTING A CHILD EXPERIENCING ANXIETY PROGRAM REQUEST FORM

Please send the form to [enquiries@yourvoicecumbria.org](mailto:enquiries@yourvoicecumbria.org) or by post Families in Mind, Carlisle Eden Mind, 27 Spencer Street, Carlisle, CA1 1BE

#### Complete Contact Details Section

Name of Parent/Guardian

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Age of Child

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Contact Number

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Email address:

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\*Essential as email is required to send program sign up link giving online access.

I live in the community of Eden

Date of request \_\_\_\_\_

I understand what the program is and would like to be sent a link to sign up to

Supporting a Teen Experiencing Anxiety Age 12 -18yrs

Supporting a Child Experiencing Anxiety Age 4 - 11yrs

\_\_\_\_\_  
Signature of parent/guardian  
printed name and date

This form collects your details so we can help you to access our service. Please see our Privacy Policy at [www.cemind.org](http://www.cemind.org) to see how we manage your data.

I consent to having Carlisle Eden Mind collect my details via this form

**Next steps:** Please allow 5 working days from your request being received. Once processed we will send you an email link to access the program - Please check your junk mail if you do not receive this or contact us after the 5 working days.