Parenting *in the Wild*

Participant intake form · page 1 of 2

A short, confidential intake so we can match the session to the people in the room. Answer only what you're comfortable answering — nothing here is a test, and blanks are fine.

01 · ABOUT YOU

Full name

Preferred name

Email

Mobile

City / suburb

Relationship to child

Attending as

- [ ] On my own
- [ ] With a partner / co-parent
- [ ] With a support person

Name of person attending with you

02 · YOUR CHILD / CHILDREN

First name	Age	Diagnosis / status	Anything else we should know

03 · WHERE THINGS SIT RIGHT NOW

Diagnosis

- [ ] Formally diagnosed
- [ ] On an assessment waitlist
- [ ] Suspected, not yet assessed
- [ ] A parent is also ADHD / neurodivergent

Medication

- [ ] Currently prescribed
- [ ] Trialled previously
- [ ] Considering it
- [ ] Not part of our plan

Who else is involved — paediatrician, psychologist, GP, school, SENCO, RTLB, OT, speech, counsellor?

Participant intake *continued*

04 · WHAT'S HARDEST RIGHT NOW

Tick the moments that regularly go sideways.

- [ ] Mornings / getting out
- [ ] Transitions
- [ ] Homework
- [ ] Screens
- [ ] Bedtime / sleep
- [ ] Meals / food
- [ ] Meltdowns / big emotions
- [ ] Sibling conflict
- [ ] School / learning
- [ ] Aggression / safety
- [ ] Anxiety / withdrawal
- [ ] My own capacity

05 · PRACTICAL

Access, sensory or dietary needs we should plan for

Anything you'd rather not discuss in the group

How did you hear about the workshop?

Emergency contact — name and phone

What you're agreeing to — *in plain words.*

01 · WHAT THIS IS

Parenting in the Wild is a psychoeducation workshop for parents and caregivers, facilitated by two registered clinical psychologists. It provides general, evidence-informed education and practical strategies.

02 · WHAT THIS IS NOT

It is not individual therapy, assessment, diagnosis, medical or medication advice, or a crisis service, and it does not create a treating-clinician relationship with you or your child. Nothing here replaces advice from your GP, paediatrician or treating clinician. If you need individual support, we can point you to a pathway.

03 · PRIVACY AND YOUR INFORMATION

Your intake information is held securely by the facilitators and used only to plan and deliver the workshop. It is handled in line with the Privacy Act 2020 and the Health Information Privacy Code 2020. You may ask to see or correct your information at any time. We do not share it with your child's school or clinicians without your written consent.

04 · CONFIDENTIALITY IN THE GROUP — AND ITS LIMITS

What is shared in the room stays in the room. Because this is a group, we cannot guarantee what other participants do with what they hear — share at the level you're comfortable with. As registered psychologists we may need to act outside confidentiality where there is a serious risk of harm to a child or another person, or where disclosure is required by law.

05 · GROUP AGREEMENTS

We ask that you keep others' stories private, allow room for different views and different families, take breaks when you need them, and let a facilitator know if anything raised is landing hard. You can pass on any activity or discussion, at any time, without explanation.

06 · RECORDING, PHOTOGRAPHY AND MATERIALS

Participants may not record the session. Workbook and slide materials are for your personal use and remain the intellectual property of Executive Frame™ and Carson Psychology. Any photography for promotion happens only with separate, explicit consent below.

07 · FEES, CANCELLATION AND QUESTIONS

Fees and cancellation terms are set out in your booking confirmation. Questions or concerns before, during or after the workshop: rose@carsonpsychology.com · consultant@sarahanticich.co.nz

PLEASE INITIAL EACH

- ☐ I have read and understood points 01–07 above.
- ☐ I understand this is education, not individual therapy or diagnosis.
- ☐ I consent to my intake information being held and used as described.
- ☐ Optional — I consent to photography for promotional use.

Signature

Full name

Date