

**Parenting Workshops Application Form**

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| **First Name** |  |
| **Second Name** |  |
| **Current Address** |  |
| **Contact Number** |  |
| **Email Address** |  |
| **How many children do you have?** |  |
| **What are their ages?** |  |
| **How would you benefit from the ISPCC Parenting Workshops?** |  |

Please note places will be offered on a first come first served basis.

Please return your completed application form to Dermot McCullen by Friday 17th June 2016.

For further information please contact Imogen Nolan, ISPCC Childhood Support Worker on 089 4001676 or at [inolan@ispcc.ie](mailto:inolan@ispcc.ie).