Thank you for your interest in joining my neurodivergent group therapy. To ensure that the group is a good fit for you and that I can provide the best possible support, please take a few moments to complete this application. Your responses will be kept confidential and will help me understand if this neurodivergent group aligns with your needs and expectations. I will review your answers and get back to you.

**Full Name:**

**Date of Birth:**

**Pronouns:**

**Contact Information (Email and Phone Number):**

**1.** Which type of neurodivergence do you identify (whether this is medically diagnosed or self diagnosed):

**2.** Have you ever received any type of therapy? Please provide details about the type of support and its outcomes:

**3.** What are your expectations for the group therapy experience? How do you envision it helping you with your neurodivergence-related challenges?

**4.** Are you often aware of how your behaviours or actions impact yourself or those around you? Please provide a recent example.

**5.** Are you willing to commit to attending group therapy sessions regularly and actively participating in group discussions?

**6.** Are there any specific topics or areas related to neurodivergence that you would like the group therapy to focus on?

**7.** If any, what are your concerns or worries about participating in part of a group? Are there any additional needs you may have in order to take part?

**8.** Is there any additional information you would like to share that you believe would be helpful for me to know?

**9.** How did you hear about this group therapy?

**10.** Have you read and understood the inclusion criteria?

**Signature:**

[Participant's Electronic Signature and Date]

Thank you for taking the time to complete this application.

Best regards,

Leigh Whittaker