Autism West Midlands is offering an Information, Advice and Guidance service to autistic people who live in Herefordshire and Worcestershire who are over the age of 16 years.

Support options include the following -

Up to 4 **1 to 1 Information, Advice and Guidance sessions with an autism advisor**

OR

Attendance at **an 8 week “Autism Confident” group programme**

**If you are interested, please complete the form below:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Your information (the Autistic Person)** | | | | | | | |
| **First Name** |  | | **Address** |  | | | |
| **Surname** |  | |
| **Contact Number** |  | |
| **Email** |  | | **Postcode** |  | | | |
| **Date of Birth** |  | | **General Contact Preference** | Phone | Email | Text | Post |
| **Gender** | Male  Female  Other | Transgender  Nonbinary  Prefer not to say | **Ethnic Group** |  | | | |
| **GP details** |  | | **How did you hear about us.** |  | | | |
| **Date you received your autism diagnosis and from whom** |  | | **Any other relevant conditions** |  | | | |

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| **What support would you like to access?**  Please tick | 1:1 Information, Advice and Guidance sessions  (maximum of 4) | Autism Confident Group Programme  (8 sessions) | Unsure |
| You will be contacted to discuss your request.  Do you want to be contacted by:  Phone  Email | | |

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| **Please use this box to tell us what you would like support with** |  |

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| **ONLY COMPLETE THIS IF YOU HAVE SELECTED ONE-TO-ONE SUPPORT OR GROUP SUPPORT** | |
|  | Please tick your preferred method  Face-to-face sessions (for one-to-one support)  Face-to-face sessions (for the group programme)  Online (for one-to-one support)  Online (For the group programmes)  Telephone (for one-to-one support)  Other (please write below)  There may be a wait for Face-to-Face Sessions. |

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| **Please use the box below to tell us any other information you think we should know**  **Such as relevant medical history or any difficulties you are having at present.** |  |

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| **If you are completing this on behalf of the autistic person** | | | |
| **Name** |  | **Organisation or relationship if family member** |  |
| **Contact No** |  | **Email** |  |

**Consent and Signature – please tick and sign to give your consent:**

|  |  |  |  |
| --- | --- | --- | --- |
| **I give my consent for Autism West Midlands to collect and store my information.**  **I give my consent for AWM to talk to The Family Psychologist about me and/or to view my diagnostic report held by them**  All information on this form is kept in line with our data protection policy and is collected for legitimate purposes for service delivery. Our full privacy statement and a summary can be accessed on our website, or you can ask us for a copy. | | | |
| **Signature** |  | **Print Name** |  |
| **3rd party referrals** | I am completing on behalf of:  And have their consent to refer | **Date** |  |
| Please return this form by email to [herefandworcs@autismwestmidlands.org.uk](mailto:herefandworcs@autismwestmidlands.org.uk)  Or by post to: Autism West Midlands,  Community Services (H&W), Imperial Court, Sovereign Rd, Kings Norton, Birmingham, B30 3ES  If you would like help in completing the form or to speak to someone about the service call  01905 671953 or 01432 801687  [www.autismwestmidlands.org.uk](http://www.autismwestmidlands.org.uk) | | | |