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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Support for people affected by Autism Spectrum Condition**  Funded by Derbyshire County Council  Delivered by Relate Derby and Southern Derbyshire | **Please post the completed form to:** | | | | | | |
| **Living Well with Autism**  **3 Wentworth House**  **Vernon Gate**  **Derby DE1 1UR**  **Or email it to:**  [**info@livingwellwithautism.org.uk**](mailto:info@livingwellwithautism.org.uk) | | | | | | |
| **If you have any questions please call us on 01332 301350 or send us an email** | | | | | | |
|  | | | | | | | |
| **Initial request for support** | For office use: |  |  |  |  |  |  |
|  | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Support wanted**  **(please tick all that apply):** | | | 1 Day  Education Course | |  | Counselling |  | Coaching | |  | Not sure | | | |  |
|  | | | | | | | | | | | | | | | |
| **Please tell us who wants support** | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | |
| Date of birth | |  | | Gender identity | | |  | | | | | | | | |
| Home address | |  | | | | | | | | | | | | | |
| Which GP surgery are they registered at? | | |  | | | | | | | | | | | | |
| NHS number (if known) | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Eligibility** | | | | | | | | | | | | | | | |
| Does this person have a diagnosis of Autism Spectrum Condition (ASC)? | | | | | | | | | **Yes** | | |  | **No** |  | |
| Does this person have characteristics of ASC, but not have a formal diagnosis? | | | | | | | | | **Yes** | | |  | **No** |  | |
| Is this person a family member or a carer of an adult affected by ASC? | | | | | | | | | **Yes** | | |  | **No** |  | |
|  | | | | | | | | | | | | | | | |
| **Who should we contact to discuss support options?** | | | | | | | | | | | | | | | |
| Main contact name and number | | |  | | | | | | | | | | | | |
| Second contact name and number | | |  | | | | | | | | | | | | |
| Email address | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **If you are requesting support for someone else please give your details** | | | | | | | | | | | | | | | |
| Your name |  | | | | | | | | | | | | | | |
| Your contact numbers |  | | | | | | | | | | | | | | |
| Your relationship to the person |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **If you are requesting support because you are from another agency, please give us some more details** | | | | | | | | | | | | | | | |
| Your role |  | | | | | | | | | | | | | | |
| Who you work for |  | | | | | | | | | | | | | | |
| Your email address |  | | | | | | | | | | | | | | |
| Your postal address |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Where did you hear about**  **Living Well with Autism?** | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Thank you for taking the time to fill in this form** | | | | | | | | | | | | | | | |