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| **Support for people affected by Autism Spectrum Condition**Funded by Derbyshire County CouncilDelivered 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** |
| **If you have any questions please call us on 01332 301350 or send us an email** |
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| **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** |