**Sandwell Family Services Referral Form**

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| **Please note** - All information on this form is kept in line with our data protection policy and is collected for legitimate purposes. Should you wish to view our privacy notice that explains things in more detail, our full privacy statement can be accessed on our website, or you can ask us for a copy. Contact us at [info@autismwestmidlands.org.uk](mailto:info@autismwestmidlands.org.uk) or phone us on 0121 450 7575  Once completed, please return this form to: [Sandwellfamily@autismwestmidlands.org.uk](mailto:Sandwellfamily@autismwestmidlands.org.uk) |

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| **Parent/ Carer Information** | | | | | | |
| **First Name** |  | **Address** |  | | | |
| **Surname** |  |
| **Contact Number** |  |
| **Email** |  | **Postcode** |  | | | |
| **Date of Birth** |  | **Gender** |  | | | |
| **Ethnic Group** |  | **Contact Preference** | Phone | Email | Text | Post |
| **Autism Diagnosis** |  | **Other Diagnosis** |  | | | |

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| **Child’s Information** | | | | | |
| **First Name** |  | **Address** |  | | |
| **Surname** |  |
| **Date of Birth** |  | **Gender** |  | | |
| **Ethnic Group** |  | **EHCP** | No | Application stage | Yes |
| **Autism Diagnosis** |  | **Other Diagnosis** |  | | |

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| **The person completing this form information** | | | |
| **First Name** |  | **Surname** |  |
| **Home number** |  | **Address** |  |
| **Mobile** |  |
| **Email** |  | **Postcode** |  |
| **Job Title** |  | **Organisation** |  |

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| **In the last 12 months what Autism West Midlands support has the parent/ carers accessed:** | | | |
| **Support** | **Yes** | **No** | **If you have answered No, please state reason for non-engagement** |
| Email Subscription |  |  |  |
| Face Book Support Group |  |  |  |
| Online Resources |  |  |  |
| Helpline |  |  |  |
| Face to Face Support Group |  |  |  |
| Face to Face Workshop |  |  |  |
| Online Workshop |  |  |  |
| Telephone Consultation |  |  |  |
| Targeted 1:1 Support |  |  |  |

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| **Reason for the referral** |
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