**REFERRAL FORM**

**For General Support**

The Telford Adults Autism Hub supports Telford & Wrekin residents who are over 18 years old and have a GP surgery in the Borough.

Some have an assessment whilst others are on the waiting list for one. We do extend our social event offer to those people who identify with having autistic characteristics and who want to understand these but who are not seeking an assessment.

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| **Your information** | | | | | | | |
| **First Name** |  | | **Address** |  | | | |
| **Surname** |  | |
| **Contact Number** |  | |
| **Email** |  | | **Postcode** |  | | | |
| **NHS no.** |  | | **Registered GP** |  | | | |
| **Date of Birth** |  | | **General Contact Preference** | Phone | Email | Text | Post |
| **Gender** | Male  Female  Other | Transgender  Nonbinary  Prefer not to say | **Ethnic Group** | Prefer not to say | | | |
| **Autism Assessment** | Assessed as autistic  Awaiting private assessment  Not being assessed  Other | | **Any other relevant conditions** | Prefer not to say | | | |

This form is specifically for Telford Autism Hub activities that do not relate to assessment which support and enable the wellbeing of the local neuro diverse community of Telford.

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| **What activity you do you want to access?** |
| ***Advice, information, and signposting***  *by phone**by email**post* |
| ***One-to-one support sessions***  *(this offer is for people who are either awaiting an assessment or have an assessment)*  *by phone  by Teams or Zoom  face to face* |
| **Women’s Autistic Group (WAG)** (last Wednesday of the month) |
| **Newsletter and Upcoming Events** |
| **Community based social events** |
| **Autism related Workshops** *face-to-face*  *webinars on zoom* |

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| **OPTIONAL: Please use this list to tell us what you want to gain from the support (tick as many as you like)** | Learn about my autistic identity  Meet other autistic people  Help with social interaction & social relationships  Help with managing my physical and mental wellbeing. | Help with anxiety or worries  Help with work adjustments  Help with education/Uni/college |
| Other (please write below) | | |

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| **I give my consent for Telford Autism Hub to collect and store my information.**  **I give my consent for Telford Autism Hub to share my information with Autism West Midlands a lead partner in delivering the hubs work**  **I give my consent for Telford Autism Hub to share my information with Midland Foundation Partnership Trust, a lead partners in delivering the hubs work**  **I have attached a copy of my formal diagnosis of Autism**  All information on this form is kept in line with our data protection policy and is collected for legitimate purposes for service delivery. | | | |
| **Signature** |  | **Print Name** |  |
| **Date** |  |  |  |
| Please return your completed form to  **Telford Autism Hub**  Suite 12 & 15 Hazledine House  Central Square  Telford Centre  Telford  Shropshire  TF3 4JL  or email it to our general enquiries – [**admin@telfordautismhub.org.uk**](mailto:admin@telfordautismhub.org.uk) | | | |
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| **OPTIONAL: Additional information that would enable us to meet your specific needs.** |
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