Autism West Midlands in partnership with Brightfire CIC (Hereford) is offering post diagnosis support packages to 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 ‘My Autistic Identity’ sessions with an autism specialist advisor** (where you can discuss your diagnosis, learn more about autism and your autistic identity)

OR

Attendance at **an 8 week “Autism Confident” group programme** (6 small group sessions but with individual sessions at the start and at the end of the programme).

OR  
**A Specialist Autism Support Session** (A singular session for advice, guidance and signposting on a more specific issue you may be facing)

**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** |  | | | |
| **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 | My Autistic Identity sessions (1:1)  (maximum of 4) | Autism Confident Group Programme  (8 sessions) | Specialist Autism Support Session  (Standalone session for a specific issue) | 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 list to tell us what you would like support with (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 difficulties  Help with education/Uni/college  Other (please write below) |

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| --- | --- | --- |
| **ONLY COMPLETE THIS IF YOU HAVE SELECTED ONE-TO-ONE SUPPORT OR GROUP SUPPORT** | | |
| **One-to-One Support and Group Support will be delivered on-line in the first instance.** | Please tick to confirm you can join online by:  Microsoft Teams | Please tick if you are unable to join on-line and will need  Face to face sessions (for one-to-one support)  Face to face sessions (for the group programme)  Email (for one-to-one support)  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** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 Autism West Midlands to share my information with our support service delivery partner (Brightfire CIC).**  **I give my consent for AWM and/or Brightfire CIC 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) | | | |