**A close up of a logo

Description automatically generated**

**ASD Helping Hands**

**Family Support Referral Form**

Please complete this from to gain access to our Family Support service.

**Main Contact Information**

|  |  |
| --- | --- |
| Full Name |  |
| Email Address |  |
| Full Postal Address |  |
| Phone Number |  |

**Individal with Autism**

|  |  |
| --- | --- |
| Full Name |  |
| Date of Birth |  |

**Additional Information**

**Tell us more about yourself or the person you are referring**

**Please enter any further information regarding the referral including any foreseen work and reason for the referral (without this information we cannot action your request)**

**Please use additional sheets if required**

|  |
| --- |
|  |

**Data Protection**

**Due to current Data protection policies, we must notify you that ASD Helping Hands will hold your personal details and contact information on record for the duration of time we are working with you, without this consent we will be unable to accept your referral.**

**We may at times send you information on upcoming courses and events we are holding.**

I DO/DO NOT Consent to ASD Helping Hands keeping a record of my personal details (Please Delete)

I wish to be contacted using the following methods:

|  |  |
| --- | --- |
|  | Postal |
|  | Email |
|  | Telephone |
|  | Text/Instant messenger |

If at any point you wish to withdraw consent or adapt the consent you have given please use the Change of consent from found under Support Services on [www.asdhelpinghands.org.uk](https://www.asdhelpinghands.org.uk)

**How would you like to be contacted?**

How would you like to receive support?

|  |  |
| --- | --- |
|  | Family Support Clinic |
|  | Phone |
|  | Email |

**To book either a clinic time/date or a phone call please visit** [**https://www.asdhelpinghands.org.uk/book-an-appointment**](https://www.asdhelpinghands.org.uk/book-an-appointment)

**Once you have completed your referral please either email it to** [**gemma.peloe@asdhelpinghands.org.uk**](mailto:gemma.peloe@asdhelpinghands.org.uk) **or post to**

**Family Support**

**ASD Helping Hands**

**Room 219, Breckland Business Centre**

**St Withburga Lane, Dereham**

**Norfolk, NR19 1FD**