

Referral Guidance to Access Riding the Rapids Training

- Riding the Rapids is a free course for parents and carers of children who have a diagnosis of Autism Spectrum Disorder. The course aims to help parents to understand and manage behaviours the child or young person presents that the parent may find challenging.
- The course will be run online, via the platform Zoom and will run for 10 weeks (with breaks for school holidays). All parents / carers are expected to attend all of the sessions.
- 2 parents / carers / family members or supporters are able to attend for each child or young person.
- Please submit this form electronically by saving it and emailing it to our ASD Admin Team asdqueries@alderhey.nhs.uk
- If this form is being completed by a professional, please ensure it is completed in partnership with the Child or Young Person's parent or carer.
- For further guidance on completing this form or for further information about the course, please email asdqueries@alderhey.nhs.uk or check our website: <https://alderhey.nhs.uk/services/autism-spectrum-disorder-asd>
- Upon review of the referral form, we will contact you to arrange a pre-course assessment. Within this assessment we will discuss your child or young person's difficulties in-depth and will agree together if you would like a place on the course.

Riding the Rapids Referral Form					
Date: 01/03/2023					
Child / Young Person Details		NHS No/ AH number if known			
Name					
Date of Birth		Age		Gender	
Address					
Postcode		Telephone			
Language (if not English)		Translator Needed		<input type="checkbox"/>	
Parent/Carer Email Address					
Does the Parent/Carer have readily available internet access in a private setting? N.B. Parts of our assessment service will endeavour to use virtual appointments, however we can accommodate alternative arrangements if these are not possible				Yes <input type="checkbox"/>	No <input type="checkbox"/>
School/Nursery					

Child / Young Persons Diagnosis / Date of Diagnosis	
Brief Description of Difficulties	



Alder Hey Children's
NHS Foundation Trust

GP Name, Address, Postcode Telephone Number	
Parent / Legal Guardian Consent	I/We Give consent to be contacted by the ASD Team in regard to Riding the Rapids Training; Signature: