



Referral Guidance to Access ASD and You Workshop:

- ASD and You is a free session for young people who have a diagnosis of Autism/ASD.
- The workshop will be run online, via the platform Zoom and will be a one-off 2hr session.
- We will be aiming to support young people within the age categories of 11-14 years and 15-18 years.
- The session aims to give young people more information about ASD, to give them time and space to think about what the diagnosis means for them and to give them the opportunity to meet other young people who also have a diagnosis of ASD.
- Please submit this form electronically by saving it into a PDF format 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 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 book the young person on to the next available workshop.



ASD and You Workshop Referral Form			
Date:			
Child/Young Person Details:	NHS No./AH number: (if known)		
Name:			
Date of Birth:		Age:	
Gender young person identifies as:			
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? <i>N.B. Our workshop will be online via video call, however in the future we hope to accommodate alternative arrangements.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
School/College:			
GP Name, Address, Postcode, Telephone Number:			

Please tick to confirm that:

- The young person has a confirmed diagnosis of ASD (approx. date of diagnosis if known:
- The young person has been informed, and is aware, that they have been given a diagnosis of ASD.



If the young person has any learning or communication needs that may impact their access to the workshop, please detail below:

Empty box for detailing learning or communication needs.

<p>Parent/Carer Consent:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> I/We give consent to be contacted by the ASD Team in regard to the ASD and You Workshop. <input type="checkbox"/> I/We understand that all information regarding my child will be kept confidential, however clinicians may need to share certain information if safeguarding concerns arise. <input type="checkbox"/> Parent/Carer phone number to contact in emergency/to discuss information: <p>Signature:.....</p>
<p>Young Person's Consent (if over 16yrs):</p>	<ul style="list-style-type: none"> <input type="checkbox"/> I give consent to be contacted by the ASD Team about to the ASD and You Workshop. <input type="checkbox"/> I understand that all information regarding myself will be kept confidential, however clinicians may need to share certain information if safeguarding concerns arise. <input type="checkbox"/> Parent/Carer phone number to contact in emergency/to discuss information: <p>Signature:.....</p>