

**AUTISM HUB**- **REFERRAL FORM**

**Please complete the following form and return to:** [**info@theautismhub.org.uk**](mailto:info@theautismhub.org.uk)

DATE OF REFERRAL: Click or tap to enter a date.

NAME: Click or tap here to enter text.

ADDRESS: Click or tap here to enter text.

BOROUGH: Choose an item.

NUMBER: Click or tap here to enter text.

EMAIL: Click or tap here to enter text.

DATE OF BIRTH: Click or tap here to enter text.

**IS THIS A SELF REFERRAL**? YES  NO

IF *NO*, PLEASE COMPLETE THE FOLLOWING:

|  |
| --- |
| REFERRING ORGANISATION: Click or tap here to enter text.  REFERRER NAME: Click or tap here to enter text.  NUMBER: Click or tap here to enter text. EMAIL: Click or tap here to enter text. |

HAS THE REFERRED PERSON CONSENTED TO THIS REFERRAL? YES  NO

DOES THE REFERRED PERSON HAVE A LEARNING DISABILITY? YES  NO

DOES THE REFERRED PERSON HAVE AN AUTISM DIAGNOSIS?YES NO

***PLEASE INDICATE REFERRAL REASONS -***

WELFARE RIGHTS/BENEFITS  COUNSELLING  EMPLOYMENT  EDUCATION HOUSING  SOCIAL ISOLATIONINFORMATION/ADVICE/SIGNPOSTING

**Additional Comments**

**INFORMATION TO SUPPORT REFERRAL**

Are there any identified risks (to self or others) that we should be aware of?

**Data Protection Consent Statement**

In completing this form or having this form completed on your behalf you are consenting to your information being shared with the Autism Hub Islington, so they can contact you. You can withdraw your consent at any time. This is in accordance with the General Data Protection Regulation 2018.

**CONTACT PREFERENCE**

Please tick if it is ok to contact you via -

TELEPHONE (inc Text)

EMAIL

LETTER

FACE TO FACE

How did you hear about us? Choose an item.

Ethnic background: Choose an item.

**SIGNATURE/TYPED ELECTRONIC SIGNATURE**

X……………………………………………………

**----------------------------------------------------------------------------------------------------------------------------------------------**

*FOR INTERNAL USE*

SERVICE USER CONTACT DATE: Click or tap here to enter text.

INTERNAL SERVICES REFERRED TO:

COUNSELLING  WEBINAR  PEER-SUPPORT/DROP-IN  ADVOCACY/CASEWORK

INFORMATION/ADVICE/SIGNPOSTING  EMPLOYMENT SUPPORT WORKSHOPS/GROUPS

**Additional Notes:**