



## FAMILY AUTISM INFORMATION, ADVICE AND GUIDANCE SERVICE SELF-REFERRAL FORM

Parent and Adult Family Carer Information			
Title:	First name:	Family name:	
Parent's / Adult Family Carer's Date of Birth:			
Address:			
Postcode:			
Telephone number:		E-mail address:	

Full name of all children in the family	Date(s) of birth	Male / Female / Preferred identity	Autism information, for example: diagnosis, date of diagnosis and by whom.

What help would you like from the service? (Please tick all that apply)			
Information	<input type="checkbox"/>	To book onto a What Now? programme	<input type="checkbox"/>
Advice	<input type="checkbox"/>	Help to access services	<input type="checkbox"/>
Guidance	<input type="checkbox"/>	Someone to talk to	<input type="checkbox"/>
Something else (Please specify)			

How did you find out about the Family Autism Information, Advice and Guidance Service?
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Completed by:	Date:			
If this form <b>has not been</b> completed by a Parent or Adult Family Carer, has the family given you permission for this referral to be sent to the service? (Please tick)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>This service is funded by Cumberland Council who store data on their Early Help Module (EHM) to monitor the service.</b>				

Contact details of referrer if not completed by a parent or adult family carer
Role:
Telephone number:
Email address:

Please complete and return this form to [enquiries@carlisle Mencap.co.uk](mailto:enquiries@carlisle Mencap.co.uk) or post to the Family Autism Information, Advice and Guidance Service, Carlisle MENCAP, Unit J3, Duchess Avenue, Kingmoor Park, Carlisle, CA6 4SN. You will receive confirmation that your referral has been received.