

MEMBER REGISTRATION FORM

To register as a member with **Autism Hertfordshire**, please complete this form.
All information is confidential to **Autism Hertfordshire**.

PERSONAL DETAILS	
First name(s):	Surname / Family name:
Title: (Mr, Mrs, Ms, Miss, Other)	Date of birth:
NHS Number:	
Address:	
Post Code:	
Home telephone number:	
Mobile phone number:	
E-mail address:	
Emergency contact name:	
Emergency telephone number:	
Relationship with emergency contact:	
Approx. date of Autism diagnosis:	
<input type="checkbox"/> ASD	
<input type="checkbox"/> Asperger's	
<input type="checkbox"/> On the waiting list for autism assessment (adult)	
<input type="checkbox"/> On the waiting list for autism assessment (16-17 yr old)	
<input type="checkbox"/> Carer	
Do you have any diagnosed mental health conditions? Please tick	
<input type="checkbox"/> Low level (low mood, sadness or low-level depression and/or anxiety)	
<input type="checkbox"/> Moderate (depression, anxiety)	
<input type="checkbox"/> Severe Mental illness (diagnosed with schizophrenia, bipolar, psychosis)	
Note: If the adult is diagnosed with a Severe Mental Illness, please provide information on physical health checks.	
Other:	
<input type="checkbox"/> OCD	
<input type="checkbox"/> Eating disorder	
<input type="checkbox"/> ADHD	
<input type="checkbox"/> Sleep disorders	
Do you have any diagnosed physical health conditions:	
Care Act eligibility?	

What is your current weekly timetable?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please provide more details below if you have ticked any of the above:

How did you find out about our services?

- GP
- Website
- Social Worker
- Diagnostic Team
- Information Pack

Current Status

- Unemployed
- Full time employed
- Part time employed
- Full time Education
- Part time education
- Voluntary work

Brief Educational Background:

Secondary School, College or Uni	From	To

Brief Employment Background:

Name of Workplace	From	To

With your permission we would like to make contact with any other services that you are currently accessing or have recently accessed. We do this to ensure that the support we offer complements any support plans you already have in place. If you are happy for Autism Hertfordshire to contact these professionals, please provide their contact details below.

SERVICES THAT YOU ARE CURRENTLY ACCESSING			
Details		Contact details	Please indicate if you are currently accessing this service
Social Worker			
Psychiatrist			
Community Nurse			
Occupational Therapist			
Speech language therapist			
Physiotherapist			
Psychologist			
Probation worker			
Support Worker/PA/Key worker			
Other			

ADDITIONAL INFORMATION
<p>Is there any other information you feel might be relevant? (e.g. criminal convictions, care plans)</p>

ABOUT YOU

To help us understand you, your strengths and where you might need extra support, please complete the sections below, telling us honestly where you feel in relation to each area on a scale of 1-10. (1 meaning that you need a lot of help and 10 meaning that you don't feel you need any help in this area).

Area in your life	Your strengths and weaknesses in this area	Rating * (1 - 10)	Any other comments
Physical Health			
How do you feel about yourself? (Do you feel good about yourself, are you a confident person?)			
Sensory Issues (Are you sensitive to light, noise, smell touch, or have any other issues?)			
Written and verbal communication			
Social and Relationship skills (Do you find it easy to get along with other people?)			
How do you cope in stressful situations?			
What activities do you enjoy and what interests do you have?			

MONITORING EQUAL OPPORTUNITIES

Autism Hertfordshire are dedicated to equal opportunities. The aims of the equal opportunities policy is to ensure that no client receives less favourable treatment on the grounds of race, colour, nationality, gender, sexual orientation, marital status, age, religion or any disability nor disadvantaged by conditions or requirements which cannot be shown to be justifiable.

This monitoring information section will not be kept with your application form and will not be used for service decisions. It will only be used for statistical monitoring purposes to ensure all applicants receive the same consideration and are treated fairly.

Data is collected in accordance with requirements of the Data Protection Act.

ETHNICITY GROUP

Asian or Asian British

Bangladeshi

British

Sri Lankan

Pakistani

Other

Indian

Black or Black British

African(2)

Caribbean

British

Other

Any other Background(3)

Prefer not to say

Unknown

White

British

Irish

Chinese

Other(1)

Dual Heritage

White and Black Caribbean

White and Asian

White and Black African

Other

Religious or other beliefs

No Religion

Christian

Buddhist

Hindu

Jewish

Muslim

Sikh

Other

Prefer not to say

Gender

Male

Female

Non-Binary

Transgender

Gender
questioning

Prefer not to say

Other

Sexual Orientation

Heterosexual

Homosexual

Bi-sexual

Other

Not known

Prefer not to say

Marital Status

Single

Married

Civil Partnership

Divorced

Widowed

Prefer not to say

Additional Support Needs

Behavioural/emotional

Physical

Learning
Disability

Developmental

Sensory

Other

NOTES

- (1) Turkish, Turkish Cypriot, Traveller of Irish heritage, Albanian, Greek/Greek Cypriot, Gypsy Roma, White Eastern Europe, White Eastern Europe, any other White.
- (2) Angolan, Congolese, Ghanaian, Nigerian, Sierra Leonean, Somali, Sudanese, any other Black African.
- (3) Afghan, Kurdish, Latin/South/Central American, Vietnamese, any other ethnic group

What will we use this information for?

In the first instance we will use this information to assess a person's eligibility for our services, often in association with a face-to-face assessment. We will then store this information both electronically and as a physical copy at our office so that staff members can access relevant information when it is needed.

From time to time we will anonymise your information and use it to collectively report on who is accessing our service to local authorities, funders and other stakeholders.

DECLARATION AGREEMENT

I confirm that the details on this document are true and correct.

Please read the below information carefully and sign at the bottom to indicate you have understood how, and when, our team members may share information

We will aim to keep any conversations you have with us, and information we have on you, private, but this is not always possible.

- 1) We work as a team to support each other and you. This means that sometimes we may share concerns that have been raised. We aim to let you know when this might happen, but in exceptional circumstances, this may not be possible.
- 2) We may need to share information with other professionals, such as the Police, Social Services, the Medical Profession or the Local Authority, if we think that you or someone you have told us about is at risk of harm or has been threatened in some way.
- 3) We also need to share information if a serious offence may have occurred or is at risk of occurring.

Working with your support networks

To enable effective communication and sharing of information with the people that support you please tell us about the other people in your life that support or care for you e.g. carers, partner, friends and indicate whether you consent to us speaking to them on your behalf.

Name:

Relationship to you:

Contact details:

Consent to share information? **Yes/No**

Other:

We also need to gain your permission to take and use photographs of yourself in your work with us. These may be used in publicity, press releases and other articles. Please indicate if you agree with this happening or not.

- I agree to my photograph being taken and used in publicity by Autism Hertfordshire and Autism Bedfordshire

- I don't agree to my photograph being taken and used in publicity by Autism Hertfordshire and Autism Bedfordshire

Autism Hertfordshire
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