



DASH Discovering Autistic Spectrum Happiness: Enquiry form

Section A

Date	
Your name	Address
Phone	email
How do you prefer to be contacted – phone/email/text/mail/any?	
Is this referral for you or someone else? If someone else please put their details below.	How do you know them?
Name	Address
Phone	email
How do you prefer to be contacted – phone/email/text/mail/any?	
Section B; You do not have to complete this section but this information helps us to develop our services and inform local authorities and health services about peoples' needs.	
Is there a diagnosis of ASD /Aspergers/HFA/Autism/ADHD other?	Age
	Gender
	Ethnicity
	Religion

Section C: Tell us what you would like us to help you with (for example, diagnosis, housing, employment, debt, benefits, social groups. (Young People, Young Women, Allotment, Men, Monthly)

DATA PROTECTION

I acknowledge that I have read and agree to the DASH Data Protection Act: Service User Consent Form (You do not need to tick this before you pass the referral form to DASH. It can be completed at your first contact with Autism Matters)

SAFEGUARDING

Please indicate if you are currently subject to a Community Sentence
You are not required to provide details on this form but we might ask you to disclose details when you contact Autism Matters

Notes – for staff