Return to: [employment@autismeastmidlands.org.uk](mailto:employment@autismeastmidlands.org.uk)

|  |  |
| --- | --- |
| Name |  |
| Date of birth |  |
| Address |  |
| Telephone number |  |
| Email address |  |
| Preferred contact method (tick all that apply) | 🗖 Telephone 🗖 Text Message 🗖 Email |
| Do you have a diagnosis of autism? (If so, please provide the date of diagnosis) |  |
| Are you unemployed / inactive? If so, how long for? |  |
| Are you currently attending a course? If so, what course and where? |  |
| Do you claim benefits? If so, which ones? |  |
| What qualifications do you have? (exam results for school leavers) |  |
| What work experience do you have? (paid or voluntary) |  |
| Are you ready and willing to find suitable employment? |  |
| If you are not ready for work yet, tell us what support you need to help you work towards employment? |  |
| Is there someone else we can contact if we cannot reach you? | Name:  Contact no:  Relationship to you:  Do we have permission to speak to them about you?  Yes No |
| Is there anything else you would like to tell us? |  |
| Who is making the referral?  (Please provide name, telephone, email) | Name:  Position  Contact: |
| Date of referral |  |