## Passport

About me



Name:
Address:
Post Code:
Email:
Telephone:
Mobile:
Date of Birth:
National Insurance Number:
My condition is:
I prefer to communicate with you:
☐ letter ☐ phone ☐ email ☐ British Sign Language
$\square$ face to face $\square$ text $\square$ braille $\square$ easy read
I prefer information to be given to me by:
☐ letter ☐ phone ☐ email ☐ British Sign Language
☐ face to face ☐ text ☐ braille ☐ easy read

(please tick the boxes that ap	i <b>ety:</b> oply to you)	
travelling to centre unfamiliar environment inconsistent staff waiting writing others: Situations I find difficult:	crowds noise smells reading working in groups	
Things that would help me (	reasonable adjustments):	
My specialist support / advocate contact is:		

individual named in this document and can only be

shared with their permission.

## In partnership with:

## north east **autism** society

















**North East Autism Society:** Unit 15 Lumley Court, Drum Industrial Estate, Chester-le-Street, DH2 1AN

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