

Referral Form & Privacy Statement

Full Name:	Age:	Diagnosis:
Gender:	School Year:	School Attended:
Home Address:	Parent / Carer Names:	Relationship to child:
Email:		Phone Number:
Are any professionals involved with the family? Eg SEND Support Service		
Please see overleaf for space to add any further information you believe to be relevant.		
<p>How Autism East Midlands will use your information</p> <p>Any information about you which Autism East Midlands holds electronically will be stored on servers owned and operated on our behalf by Central Technology, but we retain full control of your data at all times. We will only share your information with other organisations where necessary, for instance to the local authority and funding bodies to claim funding and never for the purposes of those organisations' marketing.</p> <p>We would like to continue to be able to contact you so if you are happy for us to do so please tick the relevant boxes below.</p> <p> <input type="checkbox"/> Fundraising Events <input type="checkbox"/> Play Services <input type="checkbox"/> Updates to our services (support groups, events, family support service) </p> <p>I am happy to be contacted by:</p> <p> <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> SMS (text message) <input type="checkbox"/> Post </p> <p>If you have any questions about how Autism East Midlands stores and uses your information, or you would like to update your preferences, please contact us by calling 01604 239404, emailing anne.prestwick@autismeastmidlands.org.uk or writing to us at 40 – 42 Burlington House, 369 Wellingborough Road, Northampton, NN1 4EU.</p>		
Signature:		AEM Signature:
Date:		Date:

Any further relevant information? If you are registering your child for our activities (play services) then you will be sent further forms to fill in detailing their behaviour triggers, likes and dislikes, personal care needs etc, so there is no need to duplicate that information on this form.