



Autism Anglia

Registered Charity No: 1063717

Autism Alert Card Application Form

Name of Card Holder:

Date of Birth:

Address:

.....

Are you usually accompanied when you are outside? Yes/No

Contact Details of first Contact Person:

Name

Relationship with Card Holder:.....

Contact Address:.....

.....

Phone Number: Email.....

Contact Details of Second Contact Person:

Name:

Relationship with Card Holder:

Contact Address:

.....

Phone Number:

Proof Enclosed: Yes/No

Please note: We need a copy of proof of the applicant having an Autism Spectrum Condition, otherwise we regret we will be unable to process the application.

Proof includes: * Diagnosis letter * Statement * Letter from professional (Doctor, School, Paediatrician, Psychologist etc) * Medical report/assessment

Please state how you obtained this form.....

Please return to: Helen Leckie, Autism Anglia, Riverside Office Centre, North Station Road, Colchester, Essex, CO1 1RE

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