

APPLICATION FORM FOR NAS GROUP FOR ADULTS WITH ASPERGES / HIGH FUNCTIONING AUTISM

Please fill this form in (or ask someone to fill it in with you) if you would like to apply to become a member of one of our groups.

Please tick which groups or group you are interested in joining:

St.Albans - Social Group (Mondays)

St.Albans - Music Production Course (Tuesdays)
 Drama (Tuesdays)

Royston - Live Music (Thursdays)

Watford – Pub Group (last Thursday of the month)

Stevenage Social Group - (Fridays)

INFORMATION ABOUT THE PERSON WHOM THIS REFERRAL IS BEING MADE	
Name:	Date of Birth:
Address and telephone number:	Mobile Number:
Emergency contact number:	Email Address:
INFORMATION ABOUT THE REFERRER – if being made by someone else	
Name of referrer:	
Address of referrer:	
Relationship with person being referred:	
Have you discussed this referral with the person? YES/NO (Please circle)	
PRACTICAL ISSUES	
Housing: Please give a brief description of your living arrangements, including the sort of setting and the support that you receive:	
Day Activities: Please give a brief description of your day to day activities eg work, day centre etc	

Are there any current causes for concern about day time activities

Leisure:

Please give a brief description of how you occupy your leisure time and the support that you receive to do so

Are there any current concerns to do with the person's leisure activities?

Social Needs:

Please give a brief description of your social network

Are there any current concerns about your social needs?

Physical health

Are there any physical health needs we need to know about eg epilepsy, diabetes, asthma etc

Are you able to manage your condition/medication

Medication currently taking

Mental health

Do you have any current mental health needs? If so, please give details.

Are your mental health needs currently being met?

Do you have a history of mental health needs? If so, please give details to include, if possible, the names of any healthcare professionals who have been involved in their care

ASD- SPECIFIC ISSUES

Please state how you communicate and anything that we should know about your communication needs

Social understanding

What are the main social difficulties you experience

Routine and flexibility

Do you like to have a clear routine? If so, please give examples

If so, are there any issues we should know about which may effect your functioning in the group

Special interests or skills

Do you have any special interests or skills? If so, please give examples

Particular dislikes or fears

Do you have any strong dislikes or fears? If so, please give brief details

Do your dislikes or fears cause any problems in your day to day life?

If so, what support do you think would be helpful?

Sensory Sensitivities

Do you have any known sensory sensitivities? If so, please give details

Do these cause difficulties? If so, please give brief details, including what has been found to be practically helpful

Community Access

Do you access the local community independently?

Are there any safety issues that we should be aware of?

Managing difficult feelings

Are you able to cope when things are not going well or to plan? If not, please give brief details, including examples, if possible

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Signature

Dated

Thank you for making this application; someone will contact you soon to let you know if there is a space available at the group. They may wish to come and see you to talk about it with you first.

PLEASE RETURN TO:

**ALISON CARPETNER
NAS Resource Centre
Boxmoor House School
Box Lane
HEMEL HEMPSTEAD
HERTS
HP3 0DF**

**Email: alison.carpenter@nas.org.uk
Tel: (01442) 247046**