

# Important Information About Our Referral Policy



## **Who are we and what do we do?**

Autism Guernsey is an independent **CHARITY**, funded entirely by grants, donations and fundraising activities. We receive no statutory funding, and provision of services is dependent on available funding and staff resources at any one time.

We aim to provide services for individuals at the high functioning end of the autism spectrum, such as those with Asperger's Syndrome, who would not be entitled to autism-specific support from statutory services.

We are unable to provide a service for individuals with a learning disability, severe autism, or those with behavioural challenges that could present a risk to the individual themselves, other service users or Autism Guernsey staff.

## **What information do we need?**

Please try to provide as much relevant information as possible on this referral form, as this will help us to better ascertain what level of support may be required or, where appropriate, signpost to other services or agencies.

It is important that Autism Guernsey is made aware of any relevant diagnosed or suspected conditions, and whilst the individual is in receipt of services from us that we are updated on any subsequent diagnoses or suspected conditions.

We understand that individuals with autism can feel overwhelmed, distressed or become withdrawn in some situations, and this is something we are experienced in identifying and managing. We will always try to work with individuals, parents/legal guardians or others as appropriate in order to best support an individual to access our services.

Safety for everyone involved is paramount, and failure to disclose information that could later pose a potential risk to the individual themselves, other services users or Autism Guernsey could result in the CHARITY being unable to support you or your child.

If you are completing this referral on behalf of someone else, please ensure that the individual or their parent(s)/legal guardian(s) are aware and have consented to the sharing of information given on this form.

Autism Guernsey adheres to confidentiality data protection principles. Personal data will be used only for the aims and purposes that the organisation has specified and for which it has been established.

## **What happens next?**

New referrals are reviewed on a six-weekly basis. Once we have had an opportunity to consider your referral one of our staff will contact you to respond to your referral as soon as they are able. Please be aware there is high demand for the CHARITY'S support so you may initially be placed on a waiting list.

We review every individual's attendance at our groups every six weeks, and we cannot guarantee you or your child will remain indefinitely in the group.

## AUTISM GUERNSEY – REFERRAL FORM

Name of person being referred:

DOB:

Main residence address:

Tel No:

Email:

Preferred initial method of contact:

Telephone / email / written / no preference (please circle)

Name of GP:

Address:

Tel No:

Which school does he/she attend? (Please state if home schooled)

What year are they in?

Name of referrer: (if self-referring, please state 'self')

What is your relationship to the person being referred, or your role in supporting them?

Referrer's address: (if different from above)

Tel No: (if different to above)

Email: (if different to above)

### **Consent to referral**

I confirm that consent has been gained from the individual or their parent(s)/legal guardian(s) for this referral.

Name:

Signature:

Date:



How did you hear about Autism Guernsey?

What is the main reason you are referring this person (or self-referring) to Autism Guernsey?

Do you (if self-referral) or the individual being referred have any of the following conditions? (Please indicate if diagnosed, undiagnosed or suspected, or awaiting assessment).

Classic Autism (Learning Disability)  Diagnosed / suspected

High Functioning Autism  Diagnosed / suspected

Asperger's Syndrome  Diagnosed / suspected

Atypical Autism  Diagnosed / suspected

Autism  Diagnosed / suspected

If undiagnosed, are you wanting an assessment or on waiting list for assessment? Y/N

Do you (if self-referral) or the individual being referred have any additional diagnoses (e.g. Learning Disability, ADHD, PDA, PDD-NOS, communication difficulties, sensory sensitivities, dyslexia), or are in the process of being assessed for or suspected as having any other diagnoses?

If 'yes', please provide details of condition, if diagnosed or suspected, and any other relevant information.

Please provide a summary of your (if self-referral) or the individual's physical, behavioural, emotional, and/or social needs.

Are you (if self-referral) or the individual's parents(s)/legal guardian(s) willing to share any diagnostic reports or risk assessments with Autism Guernsey?

**Yes / No** (please circle)

If 'yes', please attach a copy or bring to your first appointment.



Please provide **names and phone numbers** of any professionals in the services or organisations listed below from whom you (if self-referral) or the individual currently receive support.

Paediatrician	Child and Adolescent Mental Health Services (CAMHS)
Special Educational Needs Co-Ordinator	Educational Psychologist
School Nurse	Communication and Autism Service
Speech and Language Therapist	Occupational Therapist
Positive Behavioural Support	Multi-disciplinary meetings / professional meetings
Child Development Service (CDS)	Looked After Children (LAC)
Clinical Psychologist	Social Worker
Adult Mental Health Services	A supported employment service (e.g. Guernsey Employment Trust)
Adult Disability Service	Respite Services
Private Practitioners/Services	Any other statutory services, agencies, professionals, charities (not listed above)

Do we have permission to speak to any of the above should it be necessary?

**Yes / No** (please circle)



Do you (if self-referral) or the person being referred have any **health issues** (e.g. hayfever), phobias or allergies, carry an EpiPen, or carry/wear any form of medical alert? Please provide details.

Are there any **risk factors** we should consider when visiting you? (e.g. behaviour that may be challenging for us as a Charity such as absconding, or a family pet who may behave aggressively towards strangers)

Would you be prepared to provide some anonymous feedback? (If 'no' this will not preclude you from receiving any support from Autism Guernsey).

**Yes / No**

Would you like to receive by email our quarterly newsletters, including details of fundraising events?

**Yes / No**

Signature of person completing this referral form:

.....

Date: .....

If this referral is being completed on behalf of someone else.

As the individual or parent/legal guardian\* of the person being referred, I consent to this referral being made and the sharing of information contained on this referral form.

Signature of individual or parent/legal guardian\*

.....

Date: .....

\*Delete as appropriate

Please return this completed referral form to:

**office@autismguernsey.org.gg**

or by post to:

**Autism Guernsey  
First Floor (East)  
La Grande Rue  
St Martin's  
GY4 6RU**

For office use only.

Date referral received:

Date of response:



