

Autism Alert Card Registration Form

www.scottishautism.org



Please complete the registration form to receive your autism alert card

The information on this form will be stored in a secure location on file and on a password protected computer database at Scottish Autism headquarters.

Name:	<input type="text"/>	Date of birth:	<input type="text"/>
Address:	<input type="text"/>	Phone number:	<input type="text"/>
Organisation(s) I receive support from:	<input type="text"/>		
Name of contact person:	<input type="text"/>	Phone number(s) of contact:	<input type="text"/>
Contact address:	<input type="text"/>	Contact e-mail:	<input type="text"/>

I confirm that I am happy for this information to be held on file with Scottish Autism and that I consent to carrying an alert card

Name:	<input type="text"/>	Signature:	<input type="text"/>
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For use by person verifying application *

I confirm that the above individual is eligible to carry an autism alert card

Name:	<input type="text"/>	Signature:	<input type="text"/>
Role:	<input type="text"/>	Organisation:	<input type="text"/>
Phone number:	<input type="text"/>	E-mail:	<input type="text"/>

*please note that we cannot send out an Autism Alert Card without verification that the cardholder has a diagnosed Autism Spectrum Disorder. This should be verified by a health, social work, social care or education professional. Unfortunately we cannot accept verification from family and friends and other informal sources.

Office use only Card registration number:	<input type="text"/>
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