

Autism Attention Card Application Form

This card and code is for you to show personnel from the emergency services as well as anyone you are dealing with to explain your autism spectrum condition.

Your personal information will be stored in a secure location at ChAPS and on a password protected encrypted USB drive. By signing this application form, you agree that any relevant professional person contacting ChAPS directly will be given the details that you have confirmed below. No third party will be privilege to this private information.

You also agree that this card and code will only be used by yourself and not transferred to anyone else.

If you require an autism code keyring as well as an attention card please tick this box

Your name

Date of birth

Address

Emergency Contact 1 NAME

Address if different to above

Home Phone

Mobile

Signature

Emergency Contact 2 NAME

Address if different to above

Home Phone

Mobile

Signature



Please list the difficulties you have when dealing with people who don't know you.

Your signature

Date

If this form is being filled in on behalf of a person with autism who is unable to complete it for themselves, please confirm they have understood the above information and agree to it.

Name

Signature

Relationship to card applicant

I authorise the cardholder's personal details to be held on any emergency services databases for them to access, in order to provide appropriate support (optional).

The cardholder or appropriate adult signature required.

In accordance with the General Data Protection Regulations and Data Protection Act, our **Privacy Notice** is on our website which informs you of the types of data we process about you. It also includes the reason for processing your data, the lawful basis that permits us to process it, how long we keep your data for and your rights regarding your data. I have read the ChAPS Privacy Notice and consent to my data being held and processed as outlined.

Signature

If you do not consent to your data being held and processed as outlined in our **Privacy Notice**, please contact our office before completing this form thank you.

Please return this application form and **a copy of any medical letter that confirms diagnosis** to ChAPS, PO Box 155, Frodsham WA6 1BW. T 0344 850 8607 www.cheshireautism.org.uk

Information and best practice guidelines can be found about this initiative on our website at the following address www.cheshireautism.org.uk/attentioncard

For completion by ChAPS		Cardholder		
Date Received		Card Number	Staff Name	
Date Issued			Signature	