Attention Card and Autism Code 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		Home Phone	
		Mobile	
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	

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North West Ambulance Service NHS
NHS Trust

Cheshire Autism Practical Support

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

Please forward the third page of this form to your GP for completion and return the whole document as below. ChAPS may verbally confirm the diagnosis with your medical practitioner

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 cardholders 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

Please return this application form and confirmation of medical diagnosis to
ChAPS PO Box 155 Frodsham WA6 1BW T 0344 850 8607 www.cheshireautism.org.uk

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

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Doctor's Name and Address

	Doctor's Tel
	Doctor's Signature
	Date

Dear Doctor

The undersigned has applied to this Criminal Justice Forum for an Attention Card and Autism Code. As part of the application we require confirmation of medical diagnosis
Could you please therefore complete this form, thank you

Diagnosis		Date Received	

Medical Practitioner who gave the diagnosis

Applicant Name

Address		Date of Birth	

Applicant Signature

ChAPS may telephone your surgery to confirm verbally that you have completed this form, thank you
Information can be found about this initiative on **www.cheshireautism.org.uk/criminaljusticeforum**

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