



Wiltshire Autism Alert Card Application Form

Card Holder Details	
Name of Card Holder:	Date of Birth:
Address:	
Phone Number:	Email:

Are you usually accompanied when outside? (please tick one)	Yes		No	
--	------------	--	-----------	--

Contact details of First Contact Person:
Name: Please ensure that you gain the contact person's permission and that he or she will be contactable for as many hours as possible (i.e. not just 9 to 5), so that they can be contacted in an emergency.
Relationship with Card Holder:
Contact Address:
Phone Number: (this will appear on the Alert Card)

Contact details of Second Contact Person:
Name:
Relationship with Card Holder:
Contact Address:
Phone Number: (this will appear on the Alert Card)

Please note that in order to process the application, we need proof that the applicant has an Autism Spectrum Condition. Proof includes **one** of the following: Diagnosis letter, Statement of Special Educational Needs (SEN), Letter from professional (Doctor, Paediatrician, Psychologist, etc), medical report or assessment.

Proof Enclosed: (Please tick one)	Diagnosis letter		Letter from Professional	
	SEN Statement		Medical report or assessment	
Proof to be returned to:				

Please return the Application Form and proof of Autism Spectrum Condition to:
Autism Alert Card
PO Box 3729
Swindon
SN5 1BE

For Office Use Only

Date application received:		Date card issued:	
Card No:		Evidence accepted & returned:	
Added to spreadsheet:			