



## Wiltshire Autism Alert Card Application Form

Card Holder Details	
<b>Name of Card Holder:</b>	<b>Date of Birth:</b>
<b>Address:</b>	
<b>Phone Number:</b>	<b>Email:</b>

<b>Are you usually accompanied when outside?</b> (please tick one)	<b>Yes</b>		<b>No</b>	
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Contact details of First Contact Person:
<b>Name:</b> 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.
<b>Relationship with Card Holder:</b>
<b>Contact Address:</b>
<b>Phone Number:</b> (this will appear on the Alert Card)

Contact details of Second Contact Person:
<b>Name:</b>
<b>Relationship with Card Holder:</b>
<b>Contact Address:</b>
<b>Phone Number:</b> (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.

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

**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:			