

Referral		
Self-referral	Referral \Box	
	Person/Or	ganisation :
	•	
Referral Personal Deta	AIIS	
Title: Mr Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs	Miss Ms Ot	her
Surname:		Postcode
First Name(s):		Date of birth:
		Mobile telephone No:
Address:		Email:
Autism Advice Sessions at Autism Toge You have been referred to the Autism Advice Session programme.		other people in a related way (e.g. spouse, family members, advocate, etc.)
These sessions are where you can talk in a confidential and safe environment with a therapist from the Autism Training and Advisory Service.		Together we will arrange a date and time for you to come to The Wirral Centre for Autism for a session Each session will last for 50 minutes. You can have
These sessions are available to Asperger syndrome. Sessions		up to 3 free sessions, after that they are payable.
Reason(s) for attendir session, please tick:	ng the advice	Where did you hear about the sessions?
A recent diagnosis of autism		
Relationships		
Family life ☐ Employment ☐		
Anxiety □		
School/college ☐ Other ☐		