



Application for Autism Alert Card

The Autism Alert Card is a card that enables those that carry it to identify themselves to workers in emergency services as being on the autism spectrum (This includes Autism and Aspergers). It has been designed in partnership with Cumbria Police to be recognised by their officers, but can be used to show personnel from other emergency services such as fire officers and ambulance staff. You may also find it useful to show to hospital staff or in other situations where you to want inform people about your autism.

The card provides an opportunity for whoever is presented with the card to contact a named representative of the autistic individual so that they can have a better understanding of their needs.

In order for this information to be correctly controlled it is necessary for the person who will be carrying the card (the card bearer) to have completed the information below. This information will then be stored in a securely. This card will be linked to you only and cannot be used by anyone else.

You must think carefully about whom you want your named representatives to be. They can be relatives or friends or anyone who knows you well and knows how your Autism affects you. They need to be available for as many hours as possible (i.e. not just 9 to 5) so that they can be contacted in an emergency. You need to ask their permission.

If you lose your Alert Card, or if you wish to change your personal contact, please inform us as soon as possible. For lost cards, there is a charge of £1 for a replacement card

By signing this application, you agree to use this card solely and explicitly to identify yourself as being on the Autism Spectrum, for personnel to get the details of your personal contact and for no other purpose.

Please fill in the following form:

I confirm that I have read the information above and that I agree with it			
Your Signature		Name	

If you are filling this form in on behalf of an individual with autism who is unable to complete it for themselves please confirm that they have understood the information above and agree to it			
Your Signature		Name	
Relationship to card applicant			

Name of card bearer		Date of Birth	
Name how you want it to appear on card			
Address (including postcode)			
Phone Number			

Name of Personal Contact 1 (This is the one that will appear on the card)		Personal Contacts Phone Number	
Address (including postcode)			
Signature of Contact 1			

Name of Personal Contact 2		Personal Contacts Phone Number	
Address (including postcode)			
Signature of Contact 2			

I enclose proof of diagnosis of an Autism Spectrum Disorder (Please tick which document is enclosed if posted, or scanned if sent electronically)							
Diagnosis letter	<input type="checkbox"/>	Statement of Special Educational Needs	<input type="checkbox"/>	Letter from professional	<input type="checkbox"/>	Medical report or assessment	<input type="checkbox"/>

We send all cardholders details to Cumbria Constabulary so they have a record of who has a card and what your secondary contact is in case of emergency and the first contact cannot be reached. Please tick the relevant box below if you would or would not like us to share your details with Cumbria Constabulary.

You must also be aware that information held by the Police may be shared with partner agencies and emergency services where it is legally necessary, for example in circumstances that may help to protect you from harm, eg Mountain Rescue, Ambulance Service, County Council etc.

I **WOULD** like my details to be held by Cumbria Police

I **WOULD NOT** like my details to be held by Cumbria Police

Please Return Application, marked 'CONFIDENTIAL' to:

Triple A Project
The Resource Centre
Sandgate
Penrith
CA11 7TP

Telephone: 07554 370823
Email: team@tripleaproject.org.uk

FOR OFFICE USE:

Date application received	
Date card issued	
Card Number	
Name and signature of staff	