

Referral form for ND:well groups with Tailor Ed

**Our groups are for children and young people aged between 8 and 15 years old, living in Edinburgh who are autistic. They may also have additional diagnoses.**

**We accept referrals directly from children and young people, their parents or professionals.**

**Please complete this form to refer yourself or a child or young person. With any queries, please contact us at** **NDwell@tailoredfoundation.co.uk**

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| **About the child or young person** |
| Name |  |
| Address inc. postcode |  |
| Contact number |  |
| Email |  |
| Date of birth |  |
| School (if applicable) |  |
| Diagnosis  |  |
| Parent/Carer Name  |  |
| Contact number & email address  |  |

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| **About the referrer if a professional (if applicable)** |
| Name of referrer |  |
| Job title |  |
| Organisation/service |  |
| Address |  |
| Phone |  |
| Email |  |
| Is the C/YP or their parent aware you are making the referral? |  |

**Below is a brief overview of each group to help you assess whether it would be suitable.**

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| **Understanding Autism Group**  | **Wellbeing Group**  |
| Runs over 5 consecutive sessions Up to 6 Young people with 2 facilitators Sharing information via projector, opportunities to relate to personal experiences but participation is not required **Topics:** what is autism, sensory differences, energy management, information processing, social interaction, and relationships Best suited for young people with a new diagnosis, (or diagnosed very young) who know little about Autism  | Runs over 7 consecutive sessions Up to 6 Young people with 2 facilitators Sharing information via projector, opportunities to relate to personal experiences but participation is not required**Topics**: Special interests, habits, body and energy as resources, sleep, emotional and sensory regulation, finding your tribeBest suited for young people who have a fair understanding of Autism and would like to deepen their knowledge  |

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| **Please describe below how you feel the young person would benefit from attending a group****Does the young person have any accessibility needs we need to be aware of? (Mobility, sensory, disability)** **Are there any risks we need to be aware of (Risk of meltdowns, aggressive behaviour towards others including adults)?**  |

**Which group(s) would the young person like to attend?**

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 **Understanding Autism group Wellbeing group**

 **Y/N Y/N**

**Please email your completed form to** **NDwell@tailoredfoundation.co.uk**

**We will be in touch to confirm receipt of the referral so please contact us if you don’t hear from us. Following acceptance of the referral, we’ll arrange a short meeting at our office for your child to meet a group facilitator prior to the group starting.**

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***For office use only***

|  |  |
| --- | --- |
| Date referral received |  |
| Data capture completed |  |

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| **Outcome of referral** |  |
| Service(s) offered |  |
| Did not progress  |  |