

Referral form for ND:well Parent/Carer

 info sessions with Tailor Ed

**These online sessions are for parents and carers of autistic children and young people.**

**We accept referrals directly from parents and carers or professionals.**

**Please complete this form and return it to us at** **NDwell@tailoredfoundation.co.uk**

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| --- |
| **About you and your child** |
| Your name |  |
| Address inc. postcode |  |
| Contact number |  |
| Email |  |
| Childs name |  |
| Childs date of birth |  |
| School (if applicable) |  |
| Diagnosis  |  |

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

**Which topics are you interested in?**

**Y/N Emotion Regulation; understanding needs and developing tools (4 sessions)**

**Y/N Sharing an autism diagnosis with your child (2 sessions)**

**Y/N About energy management; helping young autistic people avoid and manage burnout (2 sessions)**

**Y/N Sleep (2 sessions)**

**Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**We will be in touch to confirm receipt and provide you with the Zoom link and dates of next sessions. Please contact us if you don’t hear from us.**

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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  |  |