

Redbridge Autism Alert Card

ID No:

Card Application Form

Card Holder Details	
First Name:	Surname:
Date of birth:	
Address:	
	Postcode:

Are you usually accompanied when you are outside?	Yes/No
Do you have any disabilities in addition to your Autism that makes communication more difficult e.g no use of language, or deafness? Please give details.	

Contact details of <i>First Contact Person</i> (contactable at all times)	
First name:	Surname:
Relationship with Card Holder:	
Contact Address:	
	Postcode:
Phone number:	
Mobile:	

Contact details of <i>Second Contact Person</i>	
First name:	Surname:
Relationship with Card Holder:	
Contact Address:	
	Postcode:
Phone number:	
Mobile:	

If you don't have a formal diagnosis but you feel the card will be useful for you, please contact Redbridge Disability Consortium on 020 8925 2435 or info@redbridgedisabilityconsortium.org . Your details will be held on a secure database. We would like to contact from time to time about events or issues that may be of interest to you, please confirm if you are happy for us to do so - **Yes / No**

Please return your completed form to: Autism Alert Card, RDC, 98-100 Ilford Lane, Ilford, Essex, IG1 2LD

Working in Partnership to develop the Redbridge Autism Alert Card:



Redbridge Disability
Consortium



Centre for Independent
and Inclusive Living