

**Bristol Parent Autism Support programme**  
April - May 2011

**Parent/carer application form**

Thank you for your interest in the Bristol Parent Autism Support programme. Please complete and return this application form as soon as possible. Place(s) are allocated on a first come first served basis according to the criteria for the programme. Please contact us if you need to discuss this further. We look forward to receiving your application.

Name (Parent/Full time carer)

Address including post code

Telephone

Mobile telephone

Email

Ethnic Origin: please describe your ethnic background (e.g. black or white British)

Name (Parent/Full time carer/  
Significant other person)

Address *if different from above,*  
including  
post code

Telephone

Mobile telephone

Email (this is our preferred method  
of communication as it saves time  
and money)

Please tell us how you describe your ethnic background (e.g. black or white British)

**Full name of son/daughter with autism spectrum disorder**

**DOB**

**Age**

**Address** (if different from above) including post code

**Ethnic Origin:** (please describe their ethnic background)

**Diagnosis:** (please circle one of the following)

**Autism**   **Asperger Syndrome**   **Autistic Spectrum Disorder**   **Other** (please describe)

**Date of diagnosis**

**Name and profession of person who made the diagnosis:** (e.g. paediatrician, psychiatrist).

**Does your son/daughter have any other disability?**

(e.g. epilepsy, Downs syndrome, hearing difficulties)

**What is your son or daughter's current placement?** (e.g. mainstream or special school, unit, college, day centre)

**Professional support or other services you receive:** (please circle)

**Social worker**

**Support worker**

**Respite care**

**Holiday scheme**

**Out of school club**

**Other** (please specify)

**Please describe any one day workshops or courses on autism spectrum disorders, you have attended?** (e.g. NAS EarlyBird, other parent workshops)

**Do you have any special requirements?** (e.g. needs due to disability . We will make every effort to meet your requirements)

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<b>National Autistic Society Bristol Parent Autism Support programme</b>		
<b>The CREATE Centre, Smeaton Rd, Spike Island Bristol, BS1 6XN 10am – 2.30pm</b>		
<u>Session</u>	<u>Date</u>	<u>Topic of session</u>
Session one	Thursday <b>28th April</b> 2011	What is ASD?
Session two	Thursday <b>5th May</b> 2011	Education and transition to adult life
Session three	Wednesday <b>11th May</b> 2011	Self Esteem and Social Skills
Session four	Wednesday <b>18th May</b> 2011	Understanding Behaviour
Session five	Monday <b>23rd May</b> 2011	Anti-bullying and Keeping Safe
Session six	Tuesday <b>24th May</b> 2011	Relationships, Puberty and sexuality

***Only return this application form if you think you are able to commit to attending all the sessions.***

***Please return your completed application form to Andrew Powell***  
***[andrew.powell@nas.org.uk](mailto:andrew.powell@nas.org.uk)*** (phone 07919 25 88 23)  
**Or post to Andrew Powell, The National Autistic Society, Church House,  
Church Rd, BS34 7BD**

Data Protection - The National Autistic Society (NAS) is a data controller under the Data Protection Act 1998. The personal data you provide in this form will be used for administration and for statistical and other purposes connected with the NAS and autism. Return of this form will be taken as your consent to such use. Details are not disclosed to third parties for marketing or other purposes not connected with autism. Technical and organisational measures are taken to prevent unauthorised or unlawful processing or disclosure of information.