

Passport

About me



About Me

Name: _____

Address: _____

Post Code: _____

Email: _____

Telephone: _____

Mobile: _____

Date of Birth: _____

National Insurance Number: _____

My condition is: _____

I prefer to communicate with you:

letter phone email British Sign Language

face to face text braille easy read

I prefer information to be given to me by:

letter phone email British Sign Language

face to face text braille easy read

Things that increase my anxiety:

(please tick the boxes that apply to you)

- | | |
|---|--|
| <input type="checkbox"/> travelling to centre | <input type="checkbox"/> crowds |
| <input type="checkbox"/> unfamiliar environment | <input type="checkbox"/> noise |
| <input type="checkbox"/> inconsistent staff | <input type="checkbox"/> smells |
| <input type="checkbox"/> waiting | <input type="checkbox"/> reading |
| <input type="checkbox"/> writing | <input type="checkbox"/> working in groups |
| <input type="checkbox"/> others: _____ | |

Situations I find difficult: _____

Things that would help me (reasonable adjustments):

My specialist support / advocate contact is:

DISCLAIMER - This passport is the property of the individual named in this document and can only be shared with their permission.

In partnership with:

north east
autism society

Autism | 
East Midlands |
Quality of Life for People with Autism

RNIB Supporting people
with sight loss

University of
South Wales
Prifysgol
De Cymru

 The
Dyslexia
Association

 **St Andrew's**
HEALTHCARE

 **autism plus**
ADDING VALUE TO LIVES

a
autism alliance

 **dimensions**

North East Autism Society: Unit 15 Lumley Court, Drum
Industrial Estate, Chester-le-Street, DH2 1AN

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