

Autism Card



Reverse of card

Autistic people sometimes struggle with change and new situations. I may not make direct eye contact and may feel anxious in social situations.

What you can do to help:

- Use clear and direct language and give me extra time to respond.
- Be aware I may have sensory challenges for example, sensitivities to loud noises, bright light, or physical touch.
- Explain to me what you are going to do, especially if it involves physical contact.

I may require support, please contact this person.

Cardholder name:

Support contact name:

Support contact number:

Personal card number: www.autismni.org

Also available:

In Case of Emergency (ICE) Wristband

Tel: 028 9040 1729 (opt 1)



www.autismni.org

Autism Card

Information about your Autism Card

The Autism Card is a tool to support autistic people to communicate their needs in a wide variety of situations. It was developed in partnership with statutory services and was produced to give an understanding of the issue's autistic people face.

The Autism Card will only be issued to those with a diagnosis of autism. The card will also inform others if necessary, of an appropriate person who can be contacted. The support contact should be someone who knows the autistic child or adult well. The information is retained by Autism NI, with each individual's informed consent can be shared.

In Case of Emergency (ICE) wristbands



Autism NI can also provide an 'In Case of Emergency' (ICE) wristband. This wristband has a space to write an emergency contact number so that you always have the telephone number of someone you trust to call if you are worried about something or feel unsafe. For example, if you were to get lost or separated from people you know outside, you or someone who is helping you can call your emergency contact number to advise where you are.

For more information about how to receive an ICE wristband, please contact Autism NI:-

- **Tel:** 028 9040 1729 Option 1
- **Email:** info@autismni.org
- **Address:** Autism NI, Unit 3 Forestgrove Business Park, Newtownbreda Road, Belfast, BT8 6AW

Autism Card Registration Form

Last Name: _____ First Name: _____

Home Address: _____

Postcode: _____

Birth Date: _____ Gender: _____ Race: _____

Email Address: (please specify if this is the cardholder or cardholder's representative)

Height: _____ Weight: _____ Hair Colour: _____ Other Features: _____

Date of Diagnosis: _____ Diagnosis by whom: _____

Allergies: _____

Other conditions: _____

1st Support Contact Name: _____

Relationship: _____

Address: _____

Telephone Number/s _____ / _____

2nd Support Contact Name: _____

Relationship: _____

Address: _____

Telephone Numbers: _____ / _____

Optional Information: (There is no obligation to provide this, but it may be useful for assisting the others to communicate appropriately with the card holder).

By providing Autism NI with your personal details, you are opting in to receive information from Autism NI including direct marketing and emails. (Please note you can stop receiving this at any time by calling 02890401729 or selecting unsubscribe in the email).

How does the individual communicate e.g. verbal, written or symbol level?

What is likely to upset them? _____

Is the individual likely to run away? _____

Where are they likely to go? _____

Would they be likely to push someone out of their personal space? _____

What is likely to calm them? _____

Do they have seizures? _____

Do they have any hobbies? _____

Do they take medication? _____

Sensory Differences:

Noise? _____ Taste? _____

Touch? _____ Visual? _____

Smell? _____ Stimming? _____

School/College/Employer: _____ GP: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Any other pertinent information:

E.g. Person doesn't respond to verbal commands, extreme sensory reaction to touch, self harming behaviour, or may appear uncoordinated.

Information about your Autism Card

This card enables the holder to identify themselves as autistic. If you are in a situation where you require a support tool, to assist communicate your needs.

The card will also inform others if necessary, of an appropriate person who can be contacted on your behalf. The support contact should be someone who knows you well and would be able to give a full understanding of your needs. If they are not available, Autism NI may be contacted.

The information you supply to obtain the Autism Card will be stored securely within Autism NI.

By using this card, the cardholder is agreeing that anyone who sees this card may:

- Contact the support contact on the card
- Contact Autism NI who may give out personal contact details about you or your support person
- Contact Autism NI where they will receive general information about autism

If the Autism Card is lost or misplaced, or if there is a change to any of the details provided please contact Autism NI as soon as possible. Autism NI will ask you to update your details every three years.

The cardholder agrees to use the Autism Card solely and explicitly to identify themselves as autistic and someone who requires access to their support contact and for no other purpose. The Autism Card is only valid in Northern Ireland.

The card holder agrees to an authorised person/s having access to details provided.

I confirm that I have read the information about the Autism Card and I agree with it:

Signature: _____ Date: _____

Print Name: _____

All persons over 18 must sign the form personally. If the person is under 18 and you are signing on behalf of the cardholder please state relationship to cardholder:

Please return to:

Autism NI, Donard, Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8BH or alternatively email: info@autismni.org

For use by Autism NI Staff:

Date added to database:

Date card issued:

Name of staff:

Signature:

Card no. Issued: