



NO LIMITS Community Project

Referral Form

NO LIMITS is a small charity, Reg.no. 1127368.
We work with & for young adults who have left school and have Able Autism/Asperger Syndrome. We can only accept individuals who live in Dudley Borough.

This referral will be viewed by our Trustees who will determine if we can meet the client's needs. They will then be sent an application form.

Referring agency

Telephone number Mobile number

Address

Email

Referrer's name

Status

Client details

Name Telephone number

Address.....

..... Postcode

Email

Mobile number

Date of birth

Is client aware & agreeable to this referral? Yes/No

Does your client have a diagnosis? Yes/No. Age at diagnosis

Who gave the diagnosis?

Any additional conditions/medical problems/phobias/allergies? Yes/No

If yes please specify

Which schools did your client attend?

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Has your client attended college?.....

If so which college & course?

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Is or has your client been in employment? ... Yes/No. Was this paid employment? ... Yes/No

What nature of work?

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Reason for referral.

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Referral date

This Information is held in accordance with GDPR