



Autism New Zealand Inc.
Including Asperger Syndrome and Related Disorders

Age: _____

Area: _____

Diagnosis: _____

Office Use only

Expression of Interest

NAS help! Programme

Name of Person with ASD _____

Date of Birth _____

Gender Female Male

Ethnicity NZ European Maori Pacific Island Asian Other

Home Address _____

How did you hear about this programme?

What diagnosis has been given? _____

Date and Place of diagnosis _____

Name of Diagnostician _____

Mother's name _____

Father's name _____

Postal address _____

Telephone details Home _____ Work _____

Email address _____ Mobile _____

Are there any days or times in which you are unable to attend? If so please state here _____

When completed, return to:

Pat Gluck
Autism New Zealand Inc.
PO Box 12599 Thorndon
Wellington 6144
Phone 04 470 7616
Fax 04 470 7617
0800 AUTISM (288 476)

*** Please note that this form is not an application form and completion does not guarantee placement.*