sustainable thriving achieving
East Dunbartonshire Council
www.eastdunbarton.gov.uk

East Dunbartonshire Health & Social Care Partnership

APPLICATION FOR LOCAL AREA CO-ORDINATION SUPPORT

When to use this form:

1. The Local Area Coordination Team will only accept introductions for people who are aged over 14 years and who have a formal diagnosis of a mild learning disability or autism spectrum condition. The person must also live within East Dunbartonshire.
2. A copy of the diagnosis must be included with the introduction form. If you do not have access to this, you can contact the team to seek advice on how you might be able to get this information.
3. If you do not have a diagnosis yet, are under the age of 14, or have a diagnosis of a different neurodivergent condition, the team can still offer sign-posting support - a written referral form is not required.
4. If you are looking for information about outreach groups, or any other social opportunity, you do not need to complete an introduction form.
5. If you need support to complete this form or require it in a different format, please contact us on 0141 578 2142 or lacs@eastdunbarton.gov.uk

Individual

Preferred name (inc. pronouns):						
Address:						
Postcode:						
Contact telephone number:						
Email:						
Date of birth:						
National Insurance Number *(if known)*:						
Name of school & school year *(if appropriate)*:						
Preferred method of initial contact:	**Text**		**Email**		**Phone call**	
Do you have any communication requirements? *(ie. BSL interpreter)*						

CONTACT PERSON

Name of contact person:	
Relationship to individual: *(e.g. family member, carer, friend)*	
Address of contact person:	
Postcode:	
Contact telephone number:	
Email:	

REFERRER

Name of referrer:				
Connection to individual: *(e.g. neighbour, teacher, nurse, friend, etc)*				
Contact telephone number:				
Email:				
Does the person give consent for this introduction?	Yes		No	

Please give details of diagnosis.

Please note that we cannot accept clients who do not fit one of the following criteria:

Mild Learning Disability ☐

Autistic Spectrum Condition ☐

Please attach proof of diagnosis with this introduction form. The LAC team is unable to accept introductions without this proof

Examples of proof could include: Diagnosis assessment, GP summary sheet, Educational Psychology report etc.

Please share some information about the person's life now

(ie. family situation, education, employment, any groups they attend or other supports they receive).

What is the person looking for support with?

Please tick:

- ☐ Support to try new groups or activities
- ☐ Support with forms
- ☐ Benefit appointments & applications
- ☐ Finding volunteering
- ☐ Preparing for transition from leaving secondary education
- ☐ Introductions to further education
  (*e.g. accessing learning supports, bursary applications)*
- ☐ Looking for training and qualification opportunities
- ☐ Finding employment (including work placements)
- ☐ Accessing local services (e.g. third sector, mental health support, advocacy)
- ☐ Thinking about independent living
- ☐ Signposting for parents to local services

GDPR Statement:

By consenting to an introduction, the person is also consenting to their information being processed in accordance with GDPR legislation. Please send this link to the person being introduced so they understand how their information will be processed, held and used.
https://www.eastdunbarton.gov.uk/about/managing-information/data-protection/data-protection/
I, give consent for this introduction to be made and understand that my data will be processed, held and used in accordance with the policy listed above.

Signature of individual:	
Signature of referrer:	
Date of Referral:	

Please return completed form to either:

Local Area Co-ordinators, 1 Southbank House, Kirkintilloch, G66 1XQ
or by email to LACs@eastdunbarton.gov.uk