**Autism Assessment Service**

Child Development Centre

Wing F, 207

Harrogate District Hospital

Lancaster Park Road

Harrogate HG2 7SX

Tel: 01423 557471

**Autism Assessment Team: User Involvement**

As a service we aim to be as up-to-date and relevant as possible and to ensure that this is the case, we often review and change the information that we send out to families. We are also keen to regularly get feedback on how we can improve our service and have people who use the service involved in how it is developed. As a child/young person/ family who has experienced our assessment process first hand, we feel that your voice in this process is invaluable. If you would be happy to be involved in any way (including looking at any new or revised leaflets/information sheets that we are developing) to give us your views, it would really help us.

If you feel that this is something that you would like to do, we would need your name and contact information so that we can get in touch. This information will be kept confidentially and will be deleted if at any point you feel that you no longer want to take part. If you do wish to go ahead please fill out and sign the short form below and return to [hdft.autism@nhs.net](mailto:hdft.autism@nhs.net)

(Please tick the boxes)

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| --- | --- | --- | --- |
|  |  | **YES** | **NO** |
| I am happy to look through newly developed information sheets or leaflets for the Autism Assessment Team. |  |  |  |
| I am happy to be contacted about other ways of being involved (e.g. recruitment/service design). |  |  |  |
| I understand that my participation is voluntary and that I can ask for my information to be removed at any time without having to give a reason. |  |  |  |

Name:

Contact Number: Email Address:

Parent/Carer Name:

Parent/Carer Signature: Date:

**THANK YOU**