**Adult Autism Services in Calderdale and Kirklees**

Healthwatch Calderdale and Healthwatch Kirklees would like to collect some real life stories to show how having an Autism Spectrum Condition affects people’s lives.

There is a short template you can use to write down your story yourself, see below. Don’t worry if you don’t want to fill in all the sections in the form, just fill in the ones you want to.

You can then email it to [jo.budgen@healthwatchcalderdale.co.uk](mailto:jo.budgen@healthwatchcalderdale.co.uk), or send it to:

Jo Budgen, Healthwatch Calderdale, Elsie Whiteley Innovation Centre, Hopwood Lane, Halifax, HX1 5ER.

If you would prefer us to help you to write your story, please contact Jo Budgen at Healthwatch Calderdale, who can arrange to meet with you or speak to you.  
Tel: 01422 399433  
Email: [jo.budgen@healthwatchcalderdale.co.uk](mailto:jo.budgen@healthwatchcalderdale.co.uk)

Any part of the case studies that we use will be anonymised, with identifying personal data removed to ensure your confidentiality.

If you have any questions, please contact Jo Budgen for further information.

The deadline for collecting personal stories is Tuesday 25th April 2017.

**Case Study Template for Adults with Autism Spectrum Conditions**

|  |
| --- |
| **1. Contact details** |
| Name: ………………………………………………………….  Preferred method of contact: …………………………………………………  Contact details: ……………………………………………………………………….  Date: …………………………………………………………………………………………… |
| **2. About you** |
| **Gender:**  **Age:**  **Ethnicity:**  **Employment status:**  **Health status:** |
| **3. What would you like to tell people about the way your autism spectrum condition (ASC) affects your life?** |
|  |
| **4. Please tell us a personal story to show how your access to health or social care services has been affected by your ASC?**   * **What happened?** * **How did it make you feel?** |
|  |
| **8. What are the main points that you would like the people who commission and deliver services for people with ASC to learn from your story?** |
| 1)  2)  3) |

**CONSENT**

|  |
| --- |
| I give permission for Healthwatch Calderdale and Healthwatch Kirklees to use the information in this case story, including quotes.  I understand that my identity will not be disclosed.  Signed: ………………………………………………………………………  Date: …………………………………………………………………………  Your Name (print): …………………………………………………………. |

**CONSENT FOR USE OF PHOTOS / IMAGES**

We would like to include some images with the case stories. Do you have a key photo or image with us that represents your case story that you could share with us?

Please sign below if you give consent for us to use your image in our publicity materials and / or use within national, regional or local media. Please tick boxes below as applicable:

* I give permission for this image to be used in Healthwatch Calderdale & Healthwatch Kirklees Publicity Materials including web based materials
* I give permission to this image to be used within national, regional and local media.

Signed: …………………………….

Name (please print): ………………………………….

**Thank you for taking the time to provide this case story**