



Referral Guidance to Access Riding the Rapids Training

- Riding the Rapids is a free course for parents and carers of children who have a diagnosis of Autism, learning disabilities, neurodevelopmental conditions or complex physical disabilities. The course aims to help parents to understand and manage challenging behaviour shown by their child.
- The course will be run online, via the platform Zoom and will run for 10 weeks (with breaks for school holidays). All parents / carers are expected to attend all of the sessions.
- Please submit this form electronically by saving it into a PDF format and emailing it to our ASD Admin Team asd.queries@alderhey.nhs.uk
- If this form is being completed by a professional, please ensure it is completed in partnership with the Child or Young Person's parent or carer.
- For further guidance on completing this form or for further information about the course, please email asdqueries@alderhey.nhs.uk or check our website: https://alderhey.nhs.uk/services/autism-spectrum-disorder-asd
- Upon review of the referral form, we will contact you to arrange a
 pre-course assessment. Within this assessment we will discuss
 your child or young person's difficulties in-depth and will agree
 together if you would like a place on the course.





Riding the Rapids Referral Form								
Date:								
Child / Young Person Details		NHS No/ AH number if known						
Name								
Date of Birth				Age		Gender		
Address			<u> </u>			1		
Postcode				Telepho	one			
Language (if not English)				Translator Needed				
Parent/Carer Address		1						
Does the Par access in a p	r have readily available internet			Yes		No		
N.B. Parts of	ssment service will endeavour							
to use virtual appointnaccommodate alterna		ents, however we can ive arrangements if these are					Ш	
not possible		<u> </u>						
School/Nursery								
	T							
Child / Young								
Persons								
Diagnosis								
Brief								
Description of								
Difficulties								
GP Name,								
Address,								
Postcode Telephone Number								
	100/					D. F. C		
Parent / Concept		I/We Give consent to be contacted by the ASD Team in regard to Riding the Rapids Training;						
Parent / Consent								





Signature: