



Autism Passport

This form is designed to collect relevant details about you so that Bailiwick of Guernsey Law Enforcement can support and offer you the right assistance. By completing this form you are consenting for your details to be logged on the Guernsey Police database but shared no further.

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Compl	eted :	forms	to be	refurned	bv either:
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Guernsey Police Headquarters, Hospital LaOrcontact@jescc.gov.gg	ane, St Peter Port, Guernsey, Channel Islands, GY1 2QN
My name is:	My home address is:
Gender:	
My date of birth is:	Post Code:
My phone number(s) is/are:	My email address is:
My Support details (please speak with the per	rson whose details are supplied so that they are aware)
Contact or support person:	Alternative contact is:
Relationship to me:	Relationship to me:
Their phone number(s) is/are:	Their phone number(s) is/are:

About me

Things you may find helpful when dealing with me:	Things that make me anxious / stressed:
Consent Form Processing and Sharing of Personal Data	States of Guernsey
 • Enter me onto the Autism Passport Scheme • Safeguard me if I come into contact with them • Being able to deal with me more effectively ta This form of consent also allows Guernsey Police to seem to the purpose of being able to deal with me more effectively ta	n king into account my specific needs share my personal data with members of Bailiwick of
Guernsey Law Enforcement only and for the means of By signing this form of consent, I confirm that I am aw Protection (Bailiwick of Guernsey) Law, 2017, including appeal. Guernsey Police will process any personal data to	vare of my rights as a data subject under the Data ng my rights to withdraw consent, complain and
Protection (Bailiwick of Guernsey) Law, 2017. Fur processed by Guernsey Police in relation to this swww.guernsey.police.uk/data, and a copy of this Autism, or Guernsey Police in hardcopy form.	ther information about how your personal data is scheme can be found at
Signature	Date