



**Autism New Zealand Inc.**  
Including Asperger Syndrome and Related Disorders



## Expression of Interest **help!** Programme

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender Female Male

Ethnicity NZ Euro Maori Pacific Island Asian Other (Please specify)

Mother's name \_\_\_\_\_

Father's name \_\_\_\_\_

Address \_\_\_\_\_

Phone Home \_\_\_\_\_ Work /mob \_\_\_\_\_

Email \_\_\_\_\_

What diagnosis has been given? \_\_\_\_\_

Date of diagnosis \_\_\_\_\_

Place of diagnosis \_\_\_\_\_

How did you hear about this programme \_\_\_\_\_

**When completed, return to:**  
**Pat Gluck**  
**Autism New Zealand Inc.**  
**PO Box 12599 Thorndon,**  
**Wellington 6144**

**Email: [pat.gluck@autismnz.org.nz](mailto:pat.gluck@autismnz.org.nz)**  
**Ph: 04 470 7616**  
**Fax: 04 470 7617**

*Please note that this form is not an application form and completion does not guarantee placement.*