

## The Disability Register Confidential

- Help us maintain the Disability Register for children, young people and young adults aged 0 to 25 years
- Support our planning for future services and identifies any gaps in current service provision for children and young people with additional needs.
- Ensure that families with a child or young person with additional needs are kept fully informed of issues that may affect them, and to advise them of relevant new services and opportunities.

The information you provide will be treated as confidential and will only be used statistically by other services. No identifying personal information will be passed to any other organisation without prior consent from a parent or carer.

### Child/ Young Person's Details

First Name:	
Surname:	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth:	

### Parent/ Carer Details

Title (Mr, Mrs, Ms, Miss, Dr):	
First name:	
Surname:	
Relationship to child:	
Main language spoken at home:	

### Contact Details

Address:	
Telephone Number:	Home: Mobile:
Email address:	
Religion:	

### Ethnic Background

<b>White</b> <input type="checkbox"/> White – British <input type="checkbox"/> White – Irish <input type="checkbox"/> Any other White background <input type="checkbox"/> Gypsy	<b>Mixed</b> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> Any other mixed background	<b>Asian or Asian British</b> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background
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<b>Black or Black British</b> <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background	<b>Other Ethnic groups</b> <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group	
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**Education**

Name of school or pre-school:	
Does your child have an EHCP:	Yes <input type="checkbox"/> No <input type="checkbox"/> In process <input type="checkbox"/>
Is your child receiving SEN support?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Details of Additional Need  
Specific Diagnosis**

Please tick all that apply and provide more information if you wish.

ADHD or other behavioural condition	<input type="checkbox"/>
Autistic Spectrum Disorder	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>
<u>Learning Difficulties</u>	
Moderate Learning Difficulties	<input type="checkbox"/>
Profound and Multiple Learning Difficulties	<input type="checkbox"/>
Severe Learning Difficulties	<input type="checkbox"/>
Multi Sensory Impairment	<input type="checkbox"/>
Physical Disabilities (please give specific details)	
Specific Learning Difficulties (e.g. Dyslexia and Dyspraxia)	<input type="checkbox"/>
Speech and Language Communication needs	<input type="checkbox"/>
Visual Impairment (Only visual impairments that cannot be corrected with regular glasses or contact lenses)	<input type="checkbox"/>
Other including severe health / medical conditions (please specify)	

**Declaration**

I declare that the information provided on this form is, to the best of my knowledge, accurate at the time of completion:

Signature of main Parent/Carer \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Email \_\_\_\_\_

### **Consent Form**

#### **Children's Disability Register**

I consent to my child/ young person's details being added to the RBWM Children's Disability Register

Yes  No

#### **Short Break Service Mailing List**

I consent to my personal details and email address being added to the Short Breaks Service mailing list

Yes  No

#### **Short Break Service Information**

I consent to receiving regular email updates from the RBWM Short Breaks Service about events, activities and useful information

Yes  No

Signature of main Parent/Carer

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

\_\_\_\_\_

Thank you for completing the form. The information will be held securely in a protected database.

#### **Your rights**

You have the right to request to see a copy of the information we hold about you and to request corrections or deletions of the information that is no longer required. You also have the right to withdraw consent at any time

The details you have given on this form will be put on a computer. This information is confidential and is protected by law (Data Protection Act 1998)

**Please return the form to:  
Suki Hayes - Lapham  
SEN Commissioning and Short Break Manager  
Children and Young People Disability Service  
RBWM, Town Hall, St. Ives Road, Maidenhead  
Berkshire, SL6 1RF**

**or**

**[suki.hayes-lapham@achievingforchildren.org.uk](mailto:suki.hayes-lapham@achievingforchildren.org.uk)**