**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 ☐ Female ☐ |
| 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**

|  |  |  |
| --- | --- | --- |
| **White**☐White – British☐White – Irish☐Any other White background☐Gypsy**Black or Black British**☐Caribbean☐African☐Any other Black background | **Mixed**☐White and Black Caribbean☐White and Black African☐Any other mixed background**Other Ethnic groups**☐Chinese☐Any other ethnic group | **Asian or Asian British**☐Indian☐Pakistani☐Bangladeshi☐Any other Asian background |

**Education**

|  |  |
| --- | --- |
| Name of school or pre-school: |  |
| Does your child have an EHCP: | Yes ☐ No ☐ In process ☐ |
| Is your child receiving SEN support? | Yes ☐ No ☐ |

**Details of Additional Need**

**Specific Diagnosis**

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

|  |  |
| --- | --- |
| ADHD or other behavioural condition | ☐       |
| Autistic Spectrum Disorder  | ☐       |
| Hearing Impairment | ☐       |
| Learning DifficultiesModerate Learning DifficultiesProfound and Multiple Learning DifficultiesSevere Learning Difficulties | ☐      ☐      ☐       |
| Multi Sensory Impairment | ☐       |
| Physical Disabilities (please give specific details) |       |
| Specific Learning Difficulties (e.g. Dyslexia and Dyspraxia) | ☐       |
| Speech and Language Communication needs | ☐       |
| Visual Impairment(Only visual impairments that cannot be corrected with regular glasses or contact lenses) | ☐       |
| 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**