

Rainbow Resource Scheme



Registration Form

Your Health Visitor, Social Worker or supporting professional will be happy to help you fill in this form.

This form can be completed by a parent/carer, young person/child.

1 Name of Child/Young Person:

2 Home address

Postcode:

Tel No:

Email address:

3 Name of parent or carer

Updated December 2016

4 **Child's Date of Birth**

Day	Month	Year

5 **Child's Gender** (Please tick) **MALE** | **FEMALE** |

6 **Your child's/young person's needs.** Please use the box below to describe briefly your child's/young person's needs: (e.g. communication, mobility, continence, epilepsy, etc.)

7 If a professional has given you a diagnosis of your child's condition, please state the condition and the name, address and status (e.g. Paediatrician, GP) of the professional

Diagnosed condition : |

Date of diagnosis : |

Name of professional : |

Address : |

Postcode : | Tel No : |

8 Does your child/young person have an Education and Health Care Plan (EHCP)?
YES | **NO**

9 How did you hear about The Rainbow Resource Scheme? |

Please read and complete the declaration below

I give my consent for:

- The details that I have given on this form to be entered on to the Bath and North East Somerset **Rainbow Resource** database.
- This information will be shared anonymously for monitoring purposes and will not be shared with any other parties.

I understand that:

- This information will be treated as confidential
- If my child's/young person's circumstances change I am required to inform you accordingly

Please sign below to indicate that you consent to the above declaration.

*You don't need to provide a signature if completing online form.

Signature :	Date :
Please print your name :	
Relationship to child :	
Signature :	Date :
Please print your name :	
Relationship to child :	
Young person's signature : (if appropriate)	
Please print name :	Date :

Please return to:

The Rainbow Resource Scheme
 P & C Communications Team
 Bath and North East Somerset Council,
 Lewis House,
 Manvers Street,
 BATH BA1 1JG

Office Use Only	
ID	
REG CARD SENT	

Or you can scan and email to p_c_comms@bathnes.gov.uk

This information can be made available in a range of languages, large print, Braille, on tape, electronic and accessible formats.
 Email p_c_comms@bathnes.gov.uk
 If you need translation or interpretation, or someone to sign in BSL for you this can also be arranged.