



Application for
to be included on the Register of
disabled children and young people in Calderdale

Agreement

Name of person completing this form

Relationship to child or young person

Please sign either the Parent's Agreement or Young Person's Agreement

Parent's Agreement

I would like my child to be on the Calderdale Register of Disabled Children.

Signature of parent

Date

Tick box to be on mailing list
for newsletter and information

Young Person's Agreement

I would like to be on the Calderdale Register of Disabled Children.

Signature of young person

Date

Tick box to be on mailing list
for newsletter and information



This information will be used to help us plan better services. We keep this register information separate from our other records. Registration is not compulsory and you don't need to register to get help from us.

Please see our separate sheet 'How we use and share your personal records'.

When the registered young person reaches 17 years of age we will pass their name and address only to our Adult Services so that they can contact you to update your records. Please tick this box if you do not want this to happen.

Section 1: The child or young person to be registered

Personal details of child or young person

First name

Family name

Address

Postcode

Known as

Date of Birth / /

Gender Male Female

Ethnicity

White

White British

White Irish

Other white

Mixed

White/Black Caribbean

White/Black African

White/Asian mixed

Other mixed

Asian

Asian/Indian

Asian/Pakistani

Asian/Bangladeshi

Other Asian

Black/British

Caribbean

African

Other Black

Other ethnic groups

Chinese

Other

Religion

Section 2: Home background

Parents/main carers

Name
Address
Postcode
e-mail address
Tel No.
Relationship to child

Name
Address
Postcode
e-mail address
Tel No.
Relationship to child

Other people living at home other than main parent/carers

Number of people - aged 18 and over aged under 18

Tick here if you are a one-parent family

Family Language

What is main language used at home?

Can you speak and understand English?

How do you like to be given information?

Urdu Bengali Braille Large print Computer disk

Other

Section 3: Services and assessments

Who provides services to your child? please tick all that apply

Health visitor Paediatric consultant Speech/language therapist

School nurse Clinical psychologist Occupational therapist

Social worker Educational psychologist Physiotherapist

Behaviour support worker Community nurse

Other

Your child's assessments

Has your child attended the Child Development Unit? Yes No

Has your child had an assessment by the Disabled Children's Team? Yes No

Your assessments as carer

Would you like a Carer's Assessment? Yes No

Section 4: Pre - school and school information

What services do you use or have you used? please tick all that apply

Nursery Supported day care Portage Child minder
Parent/toddler group Playgroup Child Development Unit

If your child attends school

Name of school
Local authority area Calderdale
 Other (please name)

Does your child have a Statement of Educational Need? Yes No

Are your child's educational needs being assessed now? Yes No

What additional support does your child receive in school?

Section 5: Financial support information (see enclosed sheet)

Does your child receive

Disability Living Allowance? Yes No

If yes, please tick component

Care component Higher Middle Lower

Mobility Component Higher Middle Lower

16+ Severe Disability Living Allowance

Do you receive

Income Support? Yes No

Council Tax Rebate? Yes No

Other financial information

Section 6: Health needs

Your child's difficulties please tick all that apply

- Does your child have a physical disability?
- Does your child have a learning difficulty?
- Is your child blind or partially sighted?
- Is your child deaf or hearing impaired?
- Does your child have communication/speech difficulties?
- Does your child have mobility difficulties?
- Does your child have feeding/swallowing difficulties?
- Does your child have any behavioural difficulties?

Does your child have any special health needs? please tick all that apply

- Naso gastric tube Gastrostomy Oxygen
- Tracheotomy Ileostomy Nebulizer
- Colostomy Suctioning
- Assisted respiratory ventilation

Other

Has your child had a medical diagnosis? Yes No

If yes please give the diagnosis

Section 7: Social care needs

What sort of support do you feel would help you meet your child's needs?

- Help with personal care
- Support to go to leisure opportunities
- After School Club
- Play Schemes
- Overnight residential short breaks
- Overnight breaks with foster carers

When are you most likely to have difficulties with transport?

Section 8: Access, mobility, safety and general equipment needs

Does your child need equipment to help with any of the following?

- Safety in the home Access to the home Manual handling
- Communication Bathing Feeding Toileting Seating
- Will your child need help with any of these in the future? Yes No

Has your child been assessed by an Occupational Therapist? Yes No

What equipment or adaptations do you use?

Is there anything you would like to add?

Section 9: Information needs

Newsletters

We will produce newsletters for children and their families on the register.

Would you like these to include information on . . .

Benefits Support groups Leisure

Housing Home adaptations Support for brothers and sisters

Other?

Section 10: Additional information

We are keen to get your views on the services that disabled children use and how to improve them, to help them live as ordinary lives as possible.

Please use this section for any additional comments you may wish to make.

(add more sheets if you wish)

If you would like more information about the register or this questionnaire please contact the Register Co-ordinator, Valerie Gothard, who will be happy to help.



*Please return the completed form in the envelope provided
or send to:*

*Valerie Gothard, Register Co-ordinator
Disabled Children's Team
Calderdale Council,
Children and Young People's Services
Northgate House
Halifax HX1 1UN*



Form revised: November 2006