**Herefordshire Children with Disabilities Register Registration Form**

We would like to find out about any difficulty or disability that may affect your child’s learning, health or wellbeing. We will use the information provided to consult with families, plan services and to keep you informed on services which could affect you and your child.

Registration is voluntary and is not linked to or a requirement of receiving social care services, which are assessed separately.

If you have more than one child with a physical or learning disability, please complete one questionnaire for each child

Does your child have a physical or learning disability which is likely to have a substantial and long term adverse effect on their ability to carry out usual day to day activities?

If so, please complete the details below and post to the address below.

Name of child or young person:

 ……………………………………..…………………………………………………. …….

Address: ………………………………………………………………………………………….

…………………………………………………………………………………………

Post code: …………………

Date of birth: …………………………………………

Child or young person’s ethnic origin:

How would you describe the child or young person’s ethnic origin?

White British (English / Welsh / Scottish / Northern Irish)
Other white
Any other ethnic group
Prefer not to say

School attended *(if applicable):* …………………………………………………………

Does your child have a Statement of Special Educational Need or Education, Health and Care Plan? Yes □No □ Don’t know □

Your name:……………………………………………………………………………….

Relationship to child: ……………………………………………………………………

Telephone:……………………………………………………………………………….

Email: … ………………………………………………………………………………..

Preferred method of contact: Telephone € \* Email € \* Post € \*

*\* Please tick relevant box*

If your child/young person does not live with you, please give us your address:

…………………………………………………………………………………………………

…………………………………………………………………………………………………

……………………………………………………Post code: ……………………………….

Please tell us details of your child’s disability or impairment *(please tick all that apply):*

* Thinking and understanding €
* Physical or sensory difficulties €
* Emotional or social difficulties €
* Difficulties with speech and language €
* How they relate to and behave with other people €

Does your child use any specialist services *(please tick all that apply):*

Portage € Classroom support €

Special school € Short breaks €

Community paediatricians € Therapists €

Children’s Community Nurse € Educational Psychologist €

Direct payments or personal budgets €

Other (please specify): …………………………………………………………………

………………………………………………………………………………………………

………………………………………………………………………………………………

You have a right to access the information we hold on you or on any children you have parental responsibility for, subject to the Data Protection legislation.

Information may be disclosed without consent to safeguard a child, children or an adult who may be at risk of suffering significant harm or to comply with any legal obligation to which Herefordshire Council is subject.

**Consent**

I understand that the information I have submitted on this form will be kept confidential and will be stored on a secure database.

I understand it will be used to:

Keep me informed about services

Maintain a register of disabled children living in Herefordshire

Assist with planning such as moving to adult services

Provide statistical information for planning, monitoring and evaluating services

Parent / main carer’s signature (if the child is under 16):

.................................................................... Date: ............

Or, if the young person is over 16:

I am over 16 and consent to giving you my information:

.................................................................... Date: ...............

Please return completed form to Education, Skills and Development Business Support, Children and Families Directorate, Herefordshire Council, Plough Lane, Hereford, Herefordshire, HR4 0LE. Please contact Les Knight on 01432 261724 or DisabilityRegister@herefordshire.gov.uk for further information.