COUNCIL OF ISLES OF SCILLY CHILDREN’S DISABILITY REGISTER

Registration Form

The CIOS Children’s Disability Register is a voluntary register for children and young people with a disability, additional need or impairment, aged 0-19 years and living in Scilly .

The benefits of being on the Register:

* be kept informed and up to date about services and activities in Scilly for disabled children and young people and their families through our contact list
* have the opportunity to share your views through consultation and surveys, to influence planning for the needs and demands for services in Scilly

The information you give us is important as it helps us to plan and monitor services.

Information given on this form will be seen and used by Children’s Social Care staff and treated as confidential. All data is held securely and in compliance with the Data Protection Act 1998. We will keep the details on this form on our database so that we can keep you in touch by post, phone and email. We will not share personal information with any other organisation.

Please post or email the completed form to:

|  |  |
| --- | --- |
| Lynn PlummerChildren’s Social CareCarn GwavalSt Mary’s TR21 0NA | Tel: 01720 424481Email: lynn.plummer@scilly.gov.uk |

If you would like this document in larger print or in another format please contact us.

The term ‘child’ on this form refers to ‘child’ or ‘young person’

**ABOUT YOUR CHILD**

**Child’s Surname:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Child’s** **First name(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your child has been known by any other name, please give details:

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_

Male Female: Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_

**Child’s address –** this is where postal information will be sent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Post code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­

**Your child’s disability/additional need and diagnosis**

Please tick and underline those that apply and add further details where appropriate

If you would like some advice and help with this section, or any other part of this form, please do not hesitate to contact your social worker. There will be some families who don’t have a social worker who complete the form.

|  |  |
| --- | --- |
| **DISABILITY/DIAGNOSIS** | **√** |
| **A diagnosis of anAutistic Spectrum Disorder**including: Autism and Asperger syndrome, sensory processing. |  |
| **Behaviour** including: Social and Emotional difficulties, ADHD / ADD /ODD |  |
| **Communication** including: speech and language disorders |  |
| **Developmental Delay**developmental difficulties with no formal diagnosis |  |
| **Hearing**please give briefdetails of impairment |  |
| **Learning** including: moderate or severe learning difficulties, Dyslexia, Dyspraxia |  |
| **Mobility Difficulty/ Physical Disability**please give brief details  |  |
| **Vision**visual impairments that cannot be corrected with regular glasses or contact lenses. Please give briefdetails |  |
| **Syndrome / Chromosome disorder**name/type: |  |
| **Other condition not mentioned above**please give details: |  |

**Child’s Education**

 **Yes No**

Does your child have an Education, Health and Care Plan?

**Name of current playgroup/nursery/school/college \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_**

***A child does not need to have an Education, Health and Care Plan to be on the Children’s Disability Register***

**PARENT(S) / CARER(S)**

Information will be sent electronically where possible

(1)Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from child’s on page 2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel no:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2)Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from child’s on page 2*)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel no:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONSENT FOR REGISTRATION

(to be completed by parent/carer)

I agree to mychild’s name being included on the Council of Isles of Scilly Children’s Disability Register

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For statistical purposes please let us know where you found out about the Children’s Disability Register:**

School/ Health centre/GP Hospital/Paediatrician



Nursery

Website Social Worker Children’s charities

CAMHS

Other

Please specify:

I would like to be contacted to participate in surveys/consultations [ ]