

Ref

Nottingham and Nottinghamshire Children and Young People's Disability Registration Form



The Children's Disability Register is a database of children and young people with disabilities up to the age of 25 who live in Nottingham or Nottinghamshire, or who have their home base here. It is managed and maintained by Family Action on behalf of Nottingham City Council and Nottinghamshire County Council. Registration is entirely voluntary.

If you join the Register the quarterly IRIS Magazine will be delivered to you by post or email. It includes details of local events and activities for children and young people with disabilities

Please remember, you can ask for a copy of the information that is held about your child(ren) and/or ask for them to be removed at any time.

Things to bear in mind:

- To be on the register a child or young person must have a permanent and substantial disability as a result of either a disability, a permanent health condition or a long-term illness or be seeking a diagnosis.
- The child or young person must be under 25 and live in Nottingham or Nottinghamshire.
- Anyone with parental responsibility can complete this form for a child or young person aged 16 or under.
- Young people who are over 16 can complete their own form.
- There are four sections to the form. The more information you provide the better but if there are questions that don't apply to you or your child then just leave them blank.
- If you need advice or assistance in filling in the form please call IRIS on 07827 938966 .
- If you have two or more children with a disability then you will need to complete a registration form for each child.

Section 1.

Child/Young Person's Details

First Name(s): _____

Surname: _____

Gender: Male/Female

Date of Birth: _____

Address:

Postcode: _____

Borough/District: (i.e. Gedling or Bassetlaw)

Ethnicity: (Please Tick)

White British	<input type="checkbox"/>
White Irish	<input type="checkbox"/>
Other White background	<input type="checkbox"/>
Mixed White & Black Caribbean	<input type="checkbox"/>
Mixed White & Black African	<input type="checkbox"/>
Mixed White & Asian	<input type="checkbox"/>
Any other mixed background	<input type="checkbox"/>
Indian or British Indian	<input type="checkbox"/>
Pakistani or British Pakistani	<input type="checkbox"/>
Bangladeshi or British Bangladeshi	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>
Black or Black British Caribbean	<input type="checkbox"/>
Black or Black British African	<input type="checkbox"/>
Any other Black background	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Any other ethnic group	<input type="checkbox"/>
Not stated	<input type="checkbox"/>

I would prefer my copy of the IRIS Magazine delivered by:
 Post Email

Please sign me up to receive eNewsletters

Section 2.

Parent/Carer Details (1)

Title Mr/Mrs/Miss/Ms/Dr

First Names _____

Surname _____

Email _____

Address: (if different to child's)

Postcode: _____

Telephone: _____

Do you consider yourself to have a disability?

Parent/Carer Details (2)

Title Mr/Mrs/Miss/Ms/Dr

First Names _____

Surname _____

Email: _____

Address: (if different to Parent/Carer 1)

Postcode: _____

Telephone: _____

Do you consider yourself to have a disability?

Child's Disability (Please tick all that apply)

Nature of Disability	Level of Support Needs			
	None	Low	Medium	High
Learning Disability				
Physical Impairment				
Hearing Impairment				
Visual Impairment				
Autistic Spectrum Disorder				
ADHD				
Long Term Health Condition				
Challenging Behaviour				

Person completing this form

Title _____ First Name: _____ Surname: _____

The specific information provided by you on this registration form will only be shared with your local authority and with statutory health partners. Other generic information, for example about patterns or trends, will only be shared with those organisations with which we have a data sharing protocol in order to support the development of existing and future services. A full, up-to-date, list of all organisations that we have a data sharing protocol with can be viewed at www.askiris.org.uk

Signed.....

Date.....

Section 3.

Support and Services currently being received or needed

Please indicate if you currently receive any of the following services by ticking the box labelled “currently received”. If you require a service but do not currently receive it then please tick the “needed” box. This information will assist councils to better plan services across Nottingham - this form is not a means of requesting these services.

	Currently Received	Needed		Currently Received	Needed
Education					
Special School (Day)			Portage		
Special School (Residential)			Parent Partnership Service		
Special educational equipment at school/college			Transport to or from school/college		
Special Education Needs Team (City)			Escort to or from school/college		
School and Families Specialist Services (County)			Sensory and Physical Team (City)		
Autism Team (City)			Learning and Support Team (City)		
Mainstream School			Further Education		
Social Care					
Family Support Worker			Direct Payments		
Social Worker			Special equipment/adaptations		
Short Break (residential respite care)			Transport (not to or from school)		
Short Break (foster care)			Children’s Centre		
Short Break (other)			Play Group/Nursery		
Welfare Rights Officer/Financial Advice			Childminding		
Childcare (for parents working/returning to work)			Information Services		
Health					
Health Visitor			Occupational Therapy		
Community Paediatric Nurse			Physiotherapy		
Child and Adolescent Mental Health Services			Speech and Language Therapy		
Paediatrician			Dietician		
Social and Leisure					
Sports Club			Cubs/Brownies/Scouts/Guides		
Theatre/Drama Group			Social Club		
Youth Services			Faith Group		
Parks and Green Spaces			Leisure Centre		
Other (Please Comment):					

Please return your form to:

Children’s Disability Register, IRIS Project, NCVS, 7 Mansfield Road, Nottingham, NG1 3FB

Section 4.

Additional Notes