



CHILDREN WITH DISABILITIES REGISTER FORM

First Name of Child :  Surname of Child :

Gender : Male / Female

Address :

Post Code : \_\_\_\_\_

**\*\*PLEASE ATTACH A PASSPORT SIZE HEAD & SHOULDER PHOTO OF CHILD FOR REGISTRATION CARD**

Telephone Number

Child's date of birth

**\*\* NHS NUMBER**

(if not known, available from your GP)

Child's Ethnic Origin (please circle)

White – British

Indian

Any other White background

Pakistani

Black – African

Bangladeshi

Black – Caribbean

Any other Asian background

Any other Black background

Mixed – White & Black African

Chinese

Mixed – White & Asian

Any Other Ethnic group

Mixed – White & Black Caribbean

Name of Parent/Carer:

Relationship to child – mother/  
Father/Step parent/foster carer

Address & telephone number of  
Parent/carer if different from above

E-mail address

School child attends (if any):

Name & address

Date child will leave school (if applicable): Month & Year

GP's Name,

Address & telephone number :

To register your child we will need a broad idea of what sort of disability your child has.

**Please tick ALL the boxes below that apply to him/her**

The following descriptions are intended as guidelines only. Please do not hesitate to ask any professional you have contact with or telephone the Register Officer on 0300 300 6311 if you would like some advice and help with the form or e-mail - Christine.collis@centralbedfordshire.gov.uk.

**Moderate physical disability:** child has limited function of two or more limbs and is partly dependent on others or equipment/aids for mobility and tasks such as dressing, feeding, toileting due to the physical disability

**OR**

**Severe physical disability:** child has no useful function of two or more limbs or has no means of independent mobility at an age when his/her peers are independently mobile or fully dependent on others for daily living tasks such as dressing, feeding, toileting him/herself due to the physical disability.

If your child needs wheelchair access, please tick the box.

**Moderate Visual Impairment:** Registered partially sighted. Visual field may be restricted. May require special teaching materials.

**OR**

**Severe Visual Impairment:** Registered Blind.

**Moderate Hearing Impairment:** Hearing loss at least 40dB in one ear and same or worse in the other ear (but not greater than 60dB in either ear). Needs hearing aid and special equipment and Advisory Teacher.

**OR**

**Severe Hearing Impairment:** Hearing loss greater than 60dB (but not greater than 80dB) in better ear. Needs aids and special unit/Advisory Teacher and special equipment.

**OR**

**Profound Hearing Impairment:** Hearing loss greater than 80dB in better ear. Requires hearing aids and special unit/Advisory Teacher and special equipment.

**Moderate Learning Disability:** Child needs extra help and support in some areas because of his/her learning difficulties. May be in mainstream school and require extra educational input. Will require modified curriculum and some adult support in daily living.

**OR**

**Severe Learning Disability:** Child is very dependent on others for his/her care because of his/her learning difficulties. Will require significantly modified curriculum at school, unaware of common dangers and more or less totally dependent.

### **Mental Ill Health**

- i) **Severe Behavioural/Emotional Difficulties:** Child has very frequent aggressive/destructive episodes or is severely withdrawn or self-injurious. Behaviour adversely affecting schooling, peer group and home life.   
Behaviour is not due to a psychiatric illness. Child requires outside help.
- ii) **Psychiatric illness.** Child has a diagnosed psychiatric condition e.g. Schizophrenia, severe depressive illness or other psychosis which makes him/her dependent on others.

**Chronic physical health problems:** Child has long-term health problem which makes him/her dependent on others in some areas e.g. cystic fibrosis, severe epilepsy, sickle cell anaemia. May need on site nursing care at school. Will have been formally assessed as having special educational needs.

**Developmental Disorders:** Child has considerable difficulty in daily living tasks due to impairment (not delay) of development in one or several areas. The impairment has been formally identified/diagnosed.

i) **Autistic Spectrum Disorder**

Mild

Moderate

Severe

ii) **Other significant Developmental Disorder**

(please specific):

E.g Tourette's Syndrome, Asperger's

**Diagnosis (if any)**

**(please enter more than one if appropriate).**

Details of a health professional e.g. paediatrician, school nurse, occupational therapist (**not your GP**) who we can contact for information about your child's disability if necessary:

Name, position and address.

Any other relevant details:

Does your child need more help than most children of a similar age in the following areas:

Continence

Personal Care – bathing, feeding, toileting, dressing

Access to social or leisure activities

Please tell us why :





The General Data Protection Regulation (GDPR) replaces the old Data Protection regulations on 25 May 2018. These regulations haven't been updated for over 20 years, so a rewrite was very much overdue.

The new regulations are very much focussed on protecting you and how your data is handled and here at Central Bedfordshire Council we want to keep you in the picture as to how we do that.

The information you supply us with is used to create a database to enable us to use the statistical information for planning and monitoring and to provide us with a mailing list to consult with parents and carers about new developments and proposed changes. It is also used to provide you with information about local and national services, support groups and activities and other useful information by post and by email and to send you a registration card. This database only includes the information you have submitted to us and is only accessible by the Register Office and the Head of Service, Children with Disabilities.

If you are happy for us to hold this data, please could you sign the box at the bottom of this form.

Also, if you are not happy for us to hold this information or would like it removed please tick the other box.

Remember, you can change your mind at any time.

Thank you

I am happy for my information to be used as outlined above.

I do not want my information to be held on the Children with Disabilities Register, and, if it is, I would like it to be deleted

Name

Child's Name

Address

Signature

Email address

Date

**Please sign and return the form and photograph to :**

**Children with Disabilities Register**

**The Hub, Ivel Valley Primary Site**

**The Baulk, Biggleswade, SG18 0PT**