

DISABLED CHILDREN ONLINE REGISTRATION FORM:

You should complete this form if you consider your child to be disabled. This means that if your child has a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities you can place their name on the Register.

| | |
|--|--|
| CHILD'S DETAILS | |
| Child's first name* | *you must enter details in this box |
| | |
| Child's last name* | *you must enter details in this box |
| | |
| Alternative name* | |
| | |
| Date of birth* | DD/MM/YYYY * you must enter dob |
| | |
| Gender* | Male <input type="checkbox"/> |
| | Female <input type="checkbox"/> |
| Ethnicity | Select from drop down menu <input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> Any other white background <input type="checkbox"/> Black and black British Caribbean <input type="checkbox"/> Black and black British African <input type="checkbox"/> Black and black British – any other black background <input type="checkbox"/> Mixed – white and black Caribbean <input type="checkbox"/> Mixed – white and black African <input type="checkbox"/> Mixed – white and Asian <input type="checkbox"/> Mixed – any other mixed background <input type="checkbox"/> Chinese <input type="checkbox"/> White and Asian British Indian <input type="checkbox"/> White and Asian British Pakistani <input type="checkbox"/> White and Asian British Bangladeshi <input type="checkbox"/> White and Asian British – any other Asian background <input type="checkbox"/> Other ethnic background |
| ADDRESS DETAILS: | |
| Address line 1* | |
| Address line 2 | |
| Address line 3* | |
| Postcode* | |
| Phone number including dialling code* | |
| Mobile phone* | |
| School or pre-school attended | |

| | |
|---|--|
| PARENT OR CARER DETAILS: | |
| Primary carer* | |
| Relationship to child* | |
| Primary carer 2 | |
| Relationships to child | |
| Email address* [if you use one] | |
| Number of siblings, if any | |
| What is the families' first language? | |
| Do you want to be added to our email network | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| A LITTLE ABOUT YOUR CHILD/YOUNG PERSON – DISABILITY AND AREAS OF DIFFICULTIES | |
| Main diagnosed condition* | |
| WHAT SUPPORT SERVICES DOES YOUR CHILD/YOUNG PERSON USE? | |
| What support services do you use (for example Occupational Therapy, Speech Therapy, Physiotherapy, Child Care, Social Work support, Health visitor support) and how frequently (for example daily, weekly, monthly) | |
| Please detail: | |
| What services do you feel would be useful to you? | |
| Please detail: | |
| Future requirements from birth to age 18. Please tick all the boxes you see as a priority for your family | |
| Information <input type="checkbox"/> | Child Care <input type="checkbox"/> |
| Out of school activities <input type="checkbox"/> | Short Breaks <input type="checkbox"/> |
| Advice <input type="checkbox"/> | Adapted housing <input type="checkbox"/> |
| Community Equipment <input type="checkbox"/> | Access to play, youth and leisure services <input type="checkbox"/> |
| Other (please state) | |
| Would you be willing for us to share your information with other Council colleagues and relevant partner organisations such as NHS, Darlington Association on Disability (DAD) to help plan services?* | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Please send your completed form by email to disabledchildrenregister@darlington.gov.uk or | Post to: Disabled Children Register, Lifestages Service, Gladstone Street, Darlington, DL3 6JX |

*** FIELDS MARKED WITH AN ASTERISK MUST BE COMPLETED**