

Nottingham and Nottinghamshire Children's Disability Register Registration Form



The Children's Disability Register is a database of children and young people with disabilities 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.

Before completing the registration form please read the information leaflet which explains the role and purpose of the register and the safeguards. 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 0115 8533291.
- 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
White Irish
Other White background
Mixed White & Black Caribbean
Mixed White & Black African
Mixed White & Asian
Any other mixed background
Indian or British Indian
Pakistani or British Pakistani
Bangladeshi or British Bangladeshi
Any other Asian background
Black or Black British Caribbean
Black or Black British African
Any other Black background
Chinese
Any other ethnic group
Not stated

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

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Section 2.

Main Parent/Carer

Title Mr/Mrs/Miss/Ms/Dr

Address: (if different to child's) _____

First Names _____

Surname _____

Email _____

Postcode: _____

Telephone: _____

Secondary Parent/Carer

Title Mr/Mrs/Miss/Ms/Dr

Address: (if different to Primary Carer) _____

First Names _____

Surname _____

Email: _____

Postcode: _____

Telephone: _____

Primary Disability (Please tick ONE only)

Learning Disability	Physical Disability	Hearing Impairment	Visual Impairment	Autistic Spectrum Disorder	ADHD
Mild <input type="checkbox"/>	Mild <input type="checkbox"/>	Mild <input type="checkbox"/>	Mild <input type="checkbox"/>	Mild <input type="checkbox"/>	Mild <input type="checkbox"/>
Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>
Profound <input type="checkbox"/>	Profound <input type="checkbox"/>	Profound <input type="checkbox"/>	Profound <input type="checkbox"/>	Profound <input type="checkbox"/>	Profound <input type="checkbox"/>

Is this currently undiagnosed?

Secondary Disability (Tick as many as applicable)

Learning Disability	Physical Disability	Hearing Impairment	Visual Impairment	Autistic Spectrum Disorder	ADHD	Challenging Behaviour
Mild <input type="checkbox"/>	Mild <input type="checkbox"/>	Mild <input type="checkbox"/>	Mild <input type="checkbox"/>	Mild <input type="checkbox"/>	Mild <input type="checkbox"/>	Mild <input type="checkbox"/>
Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>
Profound <input type="checkbox"/>	Profound <input type="checkbox"/>	Profound <input type="checkbox"/>	Profound <input type="checkbox"/>	Profound <input type="checkbox"/>	Profound <input type="checkbox"/>	Profound <input type="checkbox"/>

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.

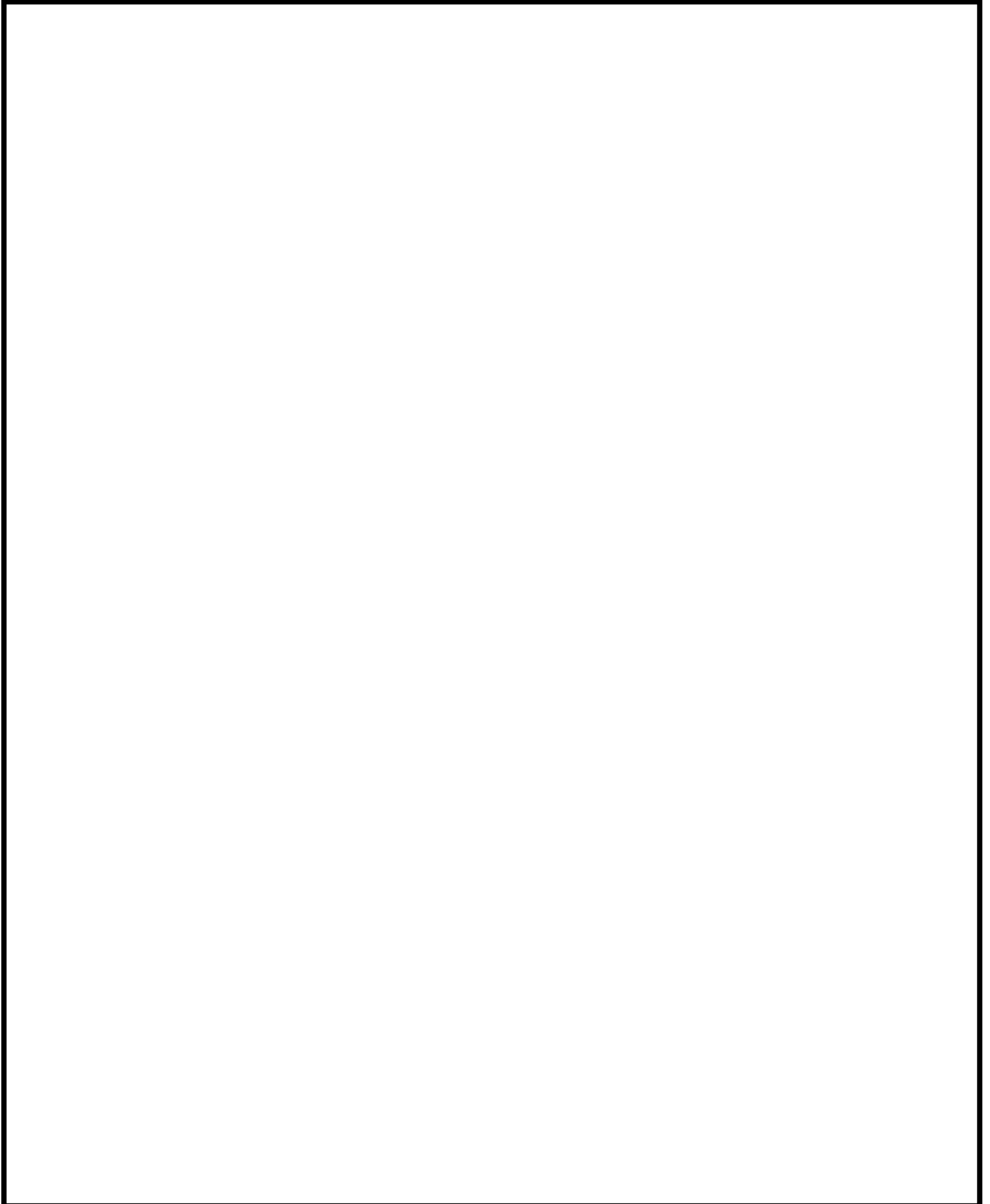
	Currently Received	Needed		Currently Received	Needed
Education					
Special School (Day)			Portage		
Special School (Residential)			Parent Partnership Service		
Special educational equipment at school			Transport to or from school		
Special Education Needs Team (City)			Escort to or from school		
Inclusion Support Service (County)			Sensory and Physical Team		
Autism Team			Learning and Support Team		
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		
Help/Advice (incl. financial)			Childminding		
Childcare (for parents working/returning to work)			Family Information Service		
Health					
Health Visitor			Occupational Therapy		
Community Paediatric Nurse			Physiotherapy		
Child and Adolescent Mental Health Team			Speech and Language Therapy		
Hospital Paediatrician			Short Break (residential respite care)		
Social and Leisure					
Sports Club			Cubs/Brownies/ Scouts/ Guides		
Theatre/ Drama Group			Social Club		
Youth Club			Faith Group		
Parks and Green Spaces			Leisure Centre		
Other (Please Comment):					

Please use the enclosed freepost envelope or return your form to:

Children’s Disability Register, The IRIS Project, Room 18, Clarendon Chambers, 32 Clarendon Street, Nottingham, NG1 5LN.

Section 4.

Additional Notes

A large, empty rectangular box with a black border, intended for additional notes. The box is currently blank.