

## Hartlepool Children's Disability Register Application Form

Child's first name:	<input type="text"/>	Child's surname:	<input type="text"/>		
Date of birth:	<input type="text"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Name of nursery, school or college:	<input type="text"/>				
Child's home address and postcode:	<input type="text"/>				
Telephone and Mobile number:	<input type="text"/>	Email address:	<input type="text"/>		
Name of the person filling in this form:	<input type="text"/>				
Relationship to the child:	<input type="text"/>				
Signature of person filling in form:	<input type="text"/>		Date:	<input type="text"/>	

Are you happy to receive information on events and services relating to short break activities.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Would you like a max discount card	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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How would you like to receive further information	Email	<input type="checkbox"/>	Post	<input type="checkbox"/>
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<b>Communications</b>								
Does this child use:	BSL	<input type="checkbox"/>	Makaton	<input type="checkbox"/>	PECS	<input type="checkbox"/>	or	<input type="text"/>
	Alternative/personalised form of communication						<input type="text"/>	
Does this child require	A signer	<input type="checkbox"/>	An interpreter	<input type="checkbox"/>	<input type="text"/>			
Childs first language:	<input type="text"/>				<input type="text"/>			

<b>Educational Needs</b>
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Does this young person have an Education, Health and Care plan

Yes

☐

No

☐

## Disability Details

Please tick the areas your child has difficulty in::

Physical disabilities

☐

Complex health needs

☐

Learning disabilities

☐

Autism Spectrum Condition

☐

Speech/language difficulties

☐

Visual impairment

☐

Hearing impairment

☐

Behavioural/Emotional Difficulties

☐

Social communication difficulties

☐

Other (State):

Diagnosis:

If the child does not have a diagnosis, please describe how their disability affects them:

## Declaration

*"I agree to the above information being included on the Hartlepool Children's Disability Register in accordance with the General Data Protection Regulations and Data Protection Act (2018)."* I understand that as a secondary use, the information provided may be shared with other council teams, or shared with partner agencies for statistical purpose only. I understand that the register is a voluntary one and I confirm I have been informed that I may request at any time for the information to be removed.

Signature:

Date:

Please send this form to Children's and Joint Commissioning Services by:

Email: [ChildrensDisabilityRegister@hartlepool.gov.uk](mailto:ChildrensDisabilityRegister@hartlepool.gov.uk)

Post: Children's Disability Team, Civic Centre, Victoria Road, Hartlepool, TS24 8AY