

## Greenwich Disabled Children and Young People's Register

Please help us find out about any difficulty or disability that may affect your child's learning, health or well-being. We want all children and young people to get the best from our services. With your help we can make sure that the right support and help is provided where it is needed.

**Does your child have a physical or learning disability which is likely to have a substantial and long term adverse effect on their ability to carry out usual day-to-day activities?**

Yes                       No

**If yes, please complete the below details and return this form to us at the address given overleaf.**

If you have more than one child with a physical or learning disability, please complete one registration form for each child. Additional copies are available from the Families Information Service 020 8921 6921.

**About me**

Parent / main carer family name .....	Parent / main carer first name .....
Parent / main carer other names .....	
Gender (please tick): Male <input type="checkbox"/> Female <input type="checkbox"/>	Ethnicity: .....
Address: .....	
Postcode: .....	Relationship to child: .....
Email: .....	Telephone: .....

**About my child**

Child's surname / family name .....	Child's first name .....
Child's other names .....	
Gender (please tick): Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth (dd/mm/yyyy): .. / .. / ....
Ethnicity: .....	
Address (if different from above): .....	
Postcode (if different from above): .....	Email: .....

**1. How would you describe your child's physical or learning disability?**

**2. Has your child seen any of the following professionals because of a physical or learning disability?** *Please cross as many boxes as apply* .....

- |                                    |                          |                    |                          |
|------------------------------------|--------------------------|--------------------|--------------------------|
| Educational psychologist .....     | <input type="checkbox"/> | Doctor.....        | <input type="checkbox"/> |
| Therapist.....                     | <input type="checkbox"/> | Paediatrician..... | <input type="checkbox"/> |
| Other services (please state)..... |                          |                    | <input type="checkbox"/> |

If you said yes to any of the above, what was the medical diagnosis?

**It would help us to plan services if you could indicate which of the physical or learning disabilities listed below apply to your child.** Please do not include difficulties that you would normally expect for a child of that age.

*Please cross as many boxes as apply* .....

- Mobility – has difficulty getting about the house and beyond e.g. arthritis, cerebral palsy, rheumatism, ME, MS.....
- Hand function – holding and touching e.g. paralysis, amputation.....
- Personal care – has difficulty washing, going to the toilet, dressing.....
- Eating and Drinking – has difficulty eating or drinking by him or herself or sickness or lack of appetite.....
- Medication – has difficulty taking medication or has side effects because of medication he/she takes.....
- Incontinence – has difficulty controlling the passage of urine or faeces.....
- Communication – has difficulty speaking and/or understanding others.....
- Learning e.g. moderate / profound and multiple / severe / specific learning difficulty, downs syndrome, memory loss, developmental delay.....
- Hearing e.g. hearing impairment, deaf or hearing loss.....
- Vision e.g. visual impairment or blind.....
- Behaviour e.g. attention deficit (hyperactivity) disorder, conduct disorder, emotional and behavioural difficulties.....
- Consciousness – fits and seizures e.g. epilepsy.....
- Diagnosed with autism, Asperger Syndrome or Autistic Spectrum Disorder (ASD).
- Palliative care needs.....
- Mental health e.g. anxiety, depression, eating disorder, phobias.....
- None – not affected in any way.....

**Consent under Data Protection Act 1998**

I understand that the information I have submitted on this form will be kept confidential and will be stored on a database, which is password protected and will be maintained by Information, Research and Statistics staff.

I understand it will be used to:

- Keep me informed about services
- Maintain a register of disabled children living in Greenwich
- Assist with planning e.g. for transition to adult services
- Statistical analysis e.g. to plan, monitor and evaluate services
- Statutory returns e.g. to the Department for Education

You have a right to access the information we hold on you or on any children you have parental responsibility for, subject to the Data Protection Act (1998).

**Information may be disclosed without consent to safeguard a child, children or an adult who may be at risk or suffering significant harm, or to comply with any legal obligation to which Royal Greenwich is subject.**

The Families Information Service (FIS) provides information about childcare, activities and services for families in Royal Greenwich who have children and young people aged 0-19 (to 25 where a young person has a disability).

Have you previously heard of this service?

Yes

No

**Parent / main carer's signature**

.....

**Date .. / .. / ....**

**OR parent / carer's verbal consent**

**Date .. / .. / ....**

**OR I am over 16 and I consent to giving you my information**

**Young person's signature**

.....

**Date .. / .. / ....**

**OR young person's verbal consent**

**Date .. / .. / ....**

**Please return this form to:**

**Families Information Service**

**1<sup>st</sup> Floor The Woolwich Centre**

**35 Wellington Street, Woolwich SE18 6HQ**

**OR telephone 020 8921 6921 for help completing this form.**

**You can also email it to us at: [fis@royalgreenwich.gov.uk](mailto:fis@royalgreenwich.gov.uk)**