

## 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.

<b>CHILD'S DETAILS</b>	
<b>Child's first name*</b>	
<b>Child's last name*</b>	
<b>Alternative name*</b>	
<b>Date of birth*</b>	<b>DD/MM/YYYY</b>
<b>Gender*</b>	<b>Male <input type="checkbox"/></b>
	<b>Female <input type="checkbox"/></b>
<b>Ethnicity</b>	<b>Select from drop down menu</b> <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
<b>ADDRESS DETAILS:</b>	
<b>Address line 1*</b>	
<b>Address line 2</b>	
<b>Address line 3*</b>	
<b>Postcode*</b>	
<b>Phone number including dialling code*</b>	
<b>Mobile phone*</b>	
<b>School or pre-school attended</b>	

<b>PARENT OR CARER DETAILS:</b>	
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"/>
<b>A LITTLE ABOUT YOUR CHILD/YOUNG PERSON – DISABILITY AND AREAS OF DIFFICULTIES</b>	
Main diagnosed condition*	
<b>WHAT SUPPORT SERVICES DOES YOUR CHILD/YOUNG PERSON USE?</b>	
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 <a href="mailto:disabledchildrenregister@darlington.gov.uk">disabledchildrenregister@darlington.gov.uk</a> or	Post to: Disabled Children Register, Lifestages Service, Gladstone Street, Darlington, DL3 6JX

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