



SURREY CHILDREN'S DISABILITY REGISTER

Registration Form

The Surrey Children's Disability Register (SCDR) is a voluntary register for children and young people with a disability or impairment, aged 0-18 years and living in Surrey.

The benefits of being on the Register:

- be kept informed and up to date about services and activities in Surrey for disabled children and young people and their families through our contact list and the Surrey Short Breaks for Disabled Children Team, who fund short break services across the county.
- have a voice through consultation and surveys to influence planning for the needs and demands for services in Surrey
- receive a Max Card, which provides families with discounted access to exciting attractions across Surrey and the UK.

The information you give us is important as it helps us to plan and monitor services.

Information given on this form will be seen and used by Surrey County Council staff and treated as confidential. All data is held securely and in compliance with the Data Protection Act 1998. We will keep the details on this form on our database so that we can keep you in touch by post, phone and email. We will not share personal information with any other organisation.

Please post or email the completed form to:

<p>The Register Administrator Surrey Children's Disability Register Short Breaks for Disabled Children Fairmount House Bull Hill Leatherhead Surrey KT22 7AH</p>	<p>Tel: 020 8541 8792 Email: SCDR@surreycc.gov.uk</p>
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If you would like this document in larger print or in another format please contact us.

The term 'child' on this form refers to 'child' or 'young person'

ABOUT YOUR CHILD

Child's Surname: _____ Child's First name(s): _____

If your child has been known by any other name, please give details:

Surname: _____ First name(s): _____

Male Female: Date of birth: _____

Child's address – this is where postal information will be sent

Post code: _____ Telephone number: _____

District/Borough council: _____

Surrey County Council Equality and Diversity Monitoring:

Child's Religion _____

Child's Ethnic group

Please tick the box that is closest to your child's ethnic background

African		White British	
Caribbean		White Irish	
Any other Black background Give details		White and Asian	
		White and Black African	
Bangladeshi		White and Black Caribbean	
Indian		Any other White background	
Pakistani		Give details	
Chinese			
Any other Asian background Give details		Gypsy/Roma	
		Traveller of Irish heritage	
Any other Mixed background Give details		I do not wish to answer	

Your child's disability and diagnosis

Please tick and underline those that apply and add further details where appropriate

If you would like some advice and help with this section, or any other part of this form, please do not hesitate to ask any of the professionals you have contact with or contact the Register Administrator on 020 8541 8792, or email: scdr@surreycc.gov.uk

DISABILITY/DIAGNOSIS	v
A diagnosis of an Autistic Spectrum Disorder including: Autism and Asperger syndrome	
Behaviour including: Social and Emotional difficulties, ADHD / ADD /ODD	
Communication including: speech and language disorders	
Developmental Delay developmental difficulties with no formal diagnosis	
Hearing please give brief details of impairment	

<p>Learning including: moderate or severe learning difficulties, Dyslexia, Dyspraxia</p>	
<p>Mobility Difficulty/ Physical Disability please give brief details</p>	
<p>Vision Only visual impairments that cannot be corrected with regular glasses or contact lenses. Please give brief details</p> <p>Is your child known to Sight for Surrey (previously SAVI)?</p>	
<p>Syndrome / Chromosome disorder name/type:</p>	
<p>Other condition not mentioned above please give details:</p>	

Child's Education

Does your child have a Statement of Special Educational Needs or an Education, Health and Care Plan? Yes No

Name of current playgroup/nursery/school/college _____

A child does not need to have a Statement of Special Educational Needs or an Education, Health and Care Plan to be on the Children's Disability Register

PARENT(S) / CARER(S)

Information will be sent electronically where possible

(1)Title: _____

Surname: _____ First Name(s): _____

Relationship to child: _____

Address (if different from child's on page 2): _____

Post code: _____ Tel no: _____

Mobile: _____ Email: _____

(2)Title: _____

Surname: _____ First Name(s): _____

Relationship to child: _____

Address (if different from child's on page 2): _____

Post code: _____ Tel no: _____

Mobile no: _____ Email: _____

CONSENT FOR REGISTRATION

(to be completed by parent/carer)

I agree to my child's name being included on the Surrey Children's Disability Register

Signed: _____ Date: _____

Name: _____

This form is acceptable with only your name and date if it is being completed electronically

For statistical purposes please let us know where you found out about the Children's Disability Register:

School/ Nursery Health centre/GP Hospital/Paediatrician

Website Social Worker Children's charities

CAMHS Children's Centre / Early Years Support Surrey Short Breaks for Disabled Children Team

Other
Please specify:

January 2015