

COUNCIL OF ISLES OF SCILLY CHILDREN'S DISABILITY REGISTER

Registration Form

The CIOS Children's Disability Register is a voluntary register for children and young people with a disability, additional need or impairment, aged 0-19 years and living in Scilly .

The benefits of being on the Register:

- be kept informed and up to date about services and activities in Scilly for disabled children and young people and their families through our contact list
- have the opportunity to share your views through consultation and surveys, to influence planning for the needs and demands for services in Scilly

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 Children's Social Care 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:

Sam Hillman Children's Social Care Carn Gwaval St Mary's TR21 0NA	Tel: 01720 424483 Email: Sam.Hillman@scilly.gov.uk
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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: _____

Your child's disability/additional need 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 contact your social worker. There will be some families who don't have a social worker who complete the form.

DISABILITY/DIAGNOSIS	✓
A diagnosis of an Autistic Spectrum Disorder including: Autism and Asperger syndrome, sensory processing.	
Behaviour including: Social and Emotional difficulties, ADHD / ADD / ODD	
Communication including: speech and language disorders	

<p>Developmental Delay developmental difficulties with no formal diagnosis</p>	
<p>Hearing please give brief details of impairment</p>	
<p>Learning including: moderate or severe learning difficulties, Dyslexia, Dyspraxia</p>	
<p>Mobility Difficulty/ Physical Disability please give brief details</p>	
<p>Vision visual impairments that cannot be corrected with regular glasses or contact lenses. Please give brief details</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 an Education, Health and Care Plan? Yes No

Name of current playgroup/nursery/school/college _____

A child does not need to have 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 Council of Isles of Scilly Children's Disability Register

Signed: _____ Date: _____

Name: _____

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

Other

Please specify:

I would like to be contacted to participate in surveys/consultations