

Blaenau Gwent Children’s Service form for Children and

Young People with a disability, and/or life-altering health condition

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| Personal Details of Child/Young Person (please print clearly) | | | | | |
| First Name: | | | Surname: | | |
| Also known as: | | | Date of Birth: | | Male Female |
| Current Address:  Postcode: Telephone No:  Mobile No: Email Address:  Blaenau Gwent is a paperless Authority. If you provide us with your email address, Disability Index correspondence will be emailed to you. | | | | | |
| Ethnic Origin | | | | | |
| White | White British White Irish  Any other white background | | | | |
| Mixed | White & Black Caribbean White & Black African  White & Asian Any other mixed background | | | | |
| Asian or Asian British | Indian Pakistani  Bangladeshi Any other Asian Background | | | | |
| Black or Black British | Caribbean African  Any other black background | | | | |
| Other Ethnic Groups | Chinese Any other ethnic group | | | | |
| Communication (please tick boxes which apply to your child) | | | | | |
| English Welsh Makaton  Signalong No Verbal Communication British Sign Language  Other (please specify)  What would you like to achieve as a result of your son/daughter’s name being included on the register? | | | | | |
| Education – Where your child currently attends | | | | | |
| Pre-school/Playgroup Nursery  Residential School Mainstream Primary School  Mainstream Comprehensive School Pen-y-Cwm Special School  Specialist Provision in mainstream school Further Education  Specialist Provision outside Blaenau Gwent  Name of Current Education Provision  Does your child receive Local Authority funded transport to and from their Education Provision? Yes No  Does your child have a Statement of Educational Needs? Yes No  If no, are they awaiting an assessment for a Statement of Educational Needs? Yes No  Is your child supported through School Action Plus or Early Years Action Plus? Yes No | | | | | |
| Parent/Carer details | | | | | |
| Name:  Address:  Postcode:  Tel no:  Date of Birth:  Email address:  Relationship to child:  Do you have a disability?  What is your main language? | | Parent/Carer 1    Yes No | | Parent/Carer 2    Yes No | |
| Does your child have any siblings living at the same address? Yes No  If yes, how many?  Does any sibling have a disability or additional needs? Yes No | | | | | |
| Information about your child’s disability | | | | | |
| What disability has your child been diagnosed with?  Does your child have any other permanent health problems?  Is your child registered with a GP? Yes No  Is your child registered with a Dentist? Yes No  Please score your child’s difficulties for the following: (0=no difficulties, 4=significant difficulties)  Vision 0 1 2 3 4 Hearing 0 1 2 3 4 Hand Function 0 1 2 3 4  Continence 0 1 2 3 4 Self-Care 0 1 2 3 4 Learning 0 1 2 3 4  Behaviour 0 1 2 3 4 Communication 0 1 2 3 4    Mobility 0 1 2 3 4 Feeding 0 1 2 3 4 | | | | | |
| Additional Support | | | | | |
| Please tick if your child requires support with the following tasks:  Walking/moving about Getting up/down stairs Getting in/out of bed  Balancing Eating/drinking Playing  Dressing Washing/bathing/showering Using the toilet  Night supervision Personal Safety Accessing community services  Relating to others Expressing needs/being understood Understanding others  NG Tube/ gastro feeding Medical treatment/medication Picking things up/holding pencil  Operating machine (eg) nebuliser)  **Any other comments**:  **What is the impact of your child’s disability on your family**? | | | | | |
| Would you like to receive information about any of the following services? | | | | | |
| Advice/Information | | | | Yes No | |
| Advocacy | | | | Yes No | |
| Aids and Adaptations | | | | Yes No | |
| Alternative/Complementary Therapies | | | | Yes No | |
| Assisted Leisure | | | | Yes No | |
| Child and Adolescent Mental Health Services (CAMHS) | | | | Yes No | |
| Community Leisure Services | | | | Yes No | |
| Dietetics | | | | Yes No | |
| Home Advisory Service (Portage – under 5s) | | | | Yes No | |
| Learning Support Services | | | | Yes No | |
| Occupational Therapy | | | | Yes No | |
| Paediatrician | | | | Yes No | |
| Parental Support Groups | | | | Yes No | |
| Parenting Programme | | | | Yes No | |
| Physiotherapy | | | | Yes No | |
| Psychology | | | | Yes No | |
| Respite – Day | | | | Yes No | |
| Respite - Night | | | | Yes No | |
| Sensory Needs Service | | | | Yes No | |
| Specialist Playschemes Open Access Play | | | | Yes No | |
| Speech and Language Therapy | | | | Yes No | |
| Use of Special Equipment at School | | | | Yes No | |
| Welfare Benefits Advice | | | | Yes No | |
|  | | | | | |
| Confidentiality and Consent | | | | | |
| The information you provide is kept securely and confidentially on computer at the Local Authority. Every two years we will ask you about any changes and update your record. The Blaenau Gwent Disability Index is registered under the Data Protection Act. The only person who sees all information is the database co-ordinator. Statistical reports will be given to statutory agencies, such as Health, Education and Social Services.  I consent to personal named information being provided to relevant professionals who are responsible for providing services to my child and my family.  I do not want personal named information to be provided to anyone.  Thank you for completing the data collection form. Your information n will help assist Education, Health, Social Services and voluntary agencies plan, develop and monitor services in Blaenau Gwent. The index is used for planning and information purposes. Any information compiled will not identify the child in any way, unless you have given permission.  Signature of child/young person (if applicable):  Print Name:  Signature of Parent/Main Carer:  Print Name:  Date: | | | | | |

Thank you for taking the time to register with Blaenau Gwent Disability Index.

**Please return the completed form to:**

Leandra Hunt

Disability Index Co-ordinator

Blaenau Gwent Disabilities Team

Children’s Services

Anvil Court

Church Street

Abertillery

NP13 1DB

**Or Email to** :

Leandra.Hunt@blaenau-gwent.gov.uk