**Children’s Additional Needs and Disability**

**Register**

**Aged 0 – 25 years**

**Data Collection Form**

If you are caring for a child or are a young person with an additional need or disability aged 0-25 years, help to improve and develop the services available within Oldham.

This is a voluntary register but by including your information it may provide the opportunity to influence future services by helping the council to understand the needs of children in the area. Complete the following details which will then be held on the register. From this information statistical reports will be produced and shared with Social Services, Health, Education, Housing and other voluntary organisations to help them in the planning of future services.

**Return by post to:**

Additional Needs and Disability Register Coordinator

Family Information Service and SEND Local Offer

Level 4  (West Street Block)

Civic Centre

Oldham

OL1 1UT

**Or return by email to:** Local.Offer@oldham.gov.uk

Information and advice on services currently available to Children and Young People with an Additional Need or Disability can be found on Oldham Council’s SEND Local Offer which can be accessed via the Council’s website: <http://www.oldham.gov.uk/local>offer

**Registration Form**

**Child’s/Young Person’s details**

Surname: ……….……………..………………. First name: ……………..……………..

Date of birth: ………………..………… Gender: Male 🞏 Female 🞏

Main address: ………………………………………………………………………….…………………..

……………………………………………………………………………………………..…………………

Postcode: ………..…………. Telephone no: …………….………….

**Child’s ethnic origin:**

🞏 Bangladeshi 🞏 Other Mixed background

🞏 Black African 🞏 Other White background

🞏 Black Caribbean 🞏 Pakistani

🞏 Chinese 🞏 Traveller of Irish Heritage

🞏 Gypsy/Roma 🞏 White British

🞏 Indian 🞏 White Irish

🞏 Other Asian background 🞏 White & Asian

🞏 Other Black background 🞏 White & Black African

🞏 Other Ethnic background 🞏 White & Black Caribbean

🞏 I do not wish to answer

**Child’s first language:** …………...................................................................................................

Please specificy the main language spoken by the child

**Child’s Religion:** ……………………………………………………………………………………….…

**Name of Nursery/School/College:** ………………………………………………………………….....

**Is the provision mainstream or specialist?** ……………………………………………………….…

**SEN Status: None SEN Support Statement EHC Plan**

**Main Carer’s / parent’s details**

Title:……… Surname: ……………………… First name(s): …………………………………

Relationship to child: …………………………

Address: ………………………………………………………………………………………………

………………………………………………………………………………………………

Postcode: ………………………… Home phone no: ………………………..

Email address: ………………………………… Mobile: …………………………………

Ethnic Origin: ………………………… First language: ……..…………………………

**Does your child have any of the following? Please tick all boxes that are relevant**

**🞎** ADHD **🞎** Autism/ASD

**🞎** Aspergers Syndrome **🞎** Cerebral Palsy

**🞎** Developmental Delay **🞎** Downs Syndrome

**🞎** Epilepsy **🞎** Hearing Impairment

**🞎** Neuromuscular condition **🞎** Severe learning disability

(eg. Muscular Dystrophy/Atrophy) **🞎** Visual Impairment

**🞎** Other - Please specify: ………………. ……………………………………………..

What is your child’s disagnosis (please state if no diagnosis given) ………………..

……………………………………………………………………………………………….

When was the diagnosis made? ……………………………………………………

Do any other children in the family have disability Yes 🞏 No 🞏

**Disability Affects:**

Please tick the relevant boxes

**🞎** Daily Activities

**🞎** Getting on with other people

**🞎** Learning or employment

**🞎** Taking part in activities inside the home

**🞎** Taking part in activities outside the home

**🞎** Using transport or getting to activities outside the home

**SERVICES**

Please tick the box that is approporiate to your situation, i.e. if you are receiving support put a tick in ‘receiving’, if it has been agreed that you need this support but it is not avaialble or there is a waiting list, tick ‘waiting’. Leave the box blank if neither of the above applies. This information will help in the monitoring of service uptake and need.

**Receiving Waiting for Service**

Social Care **🞎 🞎**

***Please specify*** …………………………………………………………………………………………….

……………………………………………………………………………………………………………….

Health Services **🞎 🞎**

***Please specify*** …………………………………………………………………………………………….

………………………………………………………………………………………………………………..

School Based Services **🞎 🞎**

***Please specify*** …………………………………………………………………………………………….

……………………………………………………………………………………………………………….

Other **🞎 🞎**

***Please specify*** …………………………………………………………………………………………….

………………………………………………………………………………………………………………..

**Consent**

The information you have given will help the people who work with you and your child to plan and develop services to meet the needs of families of disabled children in Oldham, both now and in the future.

We shall ask you to update this information every two years, so we can keep up to date with your child as he or she changes and grows.

The information that you give on this form is subject to the Data Protection Act 1998 and will be stored on a secure computer register. It will be shared with people who plan services to give them a full picture of the the needs of families like yours, but only in such a way that they won’t be able to identify you or your child. We shall also use your contact details to send you information which may be useful to your child and family. Personal information about your child will not be disclosed without your written permission.

For more information, contact the Register Co-ordinator at Local.Offer@oldham.gov.uk

Completion of this form does not mean you or your child is automatically entitled to receive a service from any of the statutory or voluntary agencies in Oldham.

**I agree to the above details being entered onto the register.**

PRINT Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email completed form to: Local [Offer@oldham.gov.uk](mailto:Offer@oldham.gov.uk)

**Or return by post to:**

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