Children with Disabilities Register – Registration Form

| Child's Details | | | | |
|--|------------------------------|----------------|--------------|--|
| First Name: | | Surname: | | |
| Date of Birth: | | Gender: | | |
| Address: | | | | |
| Contact No: | | | | |
| Ethnicity: | | Religion: | | |
| GP Practice: | | | | |
| School, College, or Nursery: | | | | |
| Professionals Currently Involved: | | | | |
| Parent/Carer Details – to be completed by those with parent responsibility | | | | |
| First Name: | Tel Details – to be complete | Surname: | sponsibility | |
| Address: | | | | |
| Relationship to Child: | | | | |
| Contact No: | | Email Address: | | |

| Parent/Carer Details – to be comp | leted by those with p | arent responsibility | |
|--|---|---|---|
| First Name: | Surname | | |
| Address: | | | |
| Relationship to Child: | | | |
| Contact No: | Email Addre | ss: | |
| Dotails of | Child's Disability | | |
| Behaviours of Concern | Child's Disability | | |
| (due to disability) | Incontinen | ce | |
| Consciousness | Mobility | | |
| Diagnosed with | Personal Ca | re | |
| Learning Disability Diagnosed with Autistic | | | |
| Spectrum Disorder | Visual Impairr | nent | |
| Hand Function | Communicat | ion | |
| Hearing Impairment Please use the box below to add any additional in | Other (please s | ., | |
| awaiting diagnosis, consultant details, previous pr | ofessionals involved | if recently moved into area e | tc.): |
| I would like to receive a copy of the SEND Activities in Telford booklet. | es Yes | No | |
| I would like to receive a copy of the A-Z of Usefu Services. | l Yes | No | |
| I would like to be added to the Children with Disabilities distribution list. | Email | Post | |
| Telford & Wrekin Council's Children with Disabilities advice, care and support to be provided and to meet to Articles 6(1)(3) and 9(2)(g) of the General Data Prolegislation. Telford & Wrekin Council will not share an required to do so by law. A medical professional may be details on the council's privacy arrangements please. As the person with legal responsibility for this child, I again 18 th birthday or until I responsibility. | the statutory requirement otection Regulations 20 by personal data collect e contacted to confirm ase view the privacy pag gree to his/her details r | ents under the Children Act 198 18 or equivalent United Kingdo ed with external organisations u the diagnosis, if necessary. For ge on: www.telford.gov.uk/tern | 9, and om unless further ns |
| Signature of Parent/Carer | | Date | |
| Children with Disabilities Team, Telford & Wrekin Coun- | cil, Darby House, Lawn | Central, Telford, TF3 4JA | |