



Office Use Only:



# Cheshire's Disabled Children's Database



## CONFIDENTIAL ENTRY FORM



Please complete as much as you are able. Leave blank any questions that you do not know the answer to or that cause you concern.

### 1. PARENT / MAIN CARER DETAILS

Title *Mr/Mrs/Miss etc*

First Name

Surname

Home Address   
Postcode .....

Telephone No. *including code*

Email

Local District / Borough Council *if known*

#### Your relationship to the child / young person with a disability :

- Mother
- Father
- Grandparent
- Foster parent
- Sibling
- Other .....  
*(please specify)*

#### Does anyone else help you with caring in the home ? *In an unpaid / voluntary capacity*

- No
- Husband/Wife/Partner
- Child/young person's grandparent
- Child/young person's sibling   
*(Young Carer)*
- Other *(please specify)* .....

Does anyone else in the household have a disability or long-term chronic illness? No  Yes





If your child is very young or recently diagnosed we recognise that some of the following questions may not be relevant at this stage. Please just complete what you feel is appropriate. If you wish to ask anything or tell us anything which is not covered by the questions then feel free to do so in the 'Other Comments' section at the back of the form

## 2. DETAILS OF CHILD / YOUNG PERSON

First Name

Surname

Date of Birth

 / 

Male

Female

**Address** where child spends most of the time, including sleeping

(if different to address given on front page)

  
  

Postcode .....

**Child's main form of communication**

(e.g. speech, Makaton, BSL, eye pointing, noises)

**Practice Address of G.P.**

(for statistics only - we will not contact your G.P. directly)

**Do you have a key worker / link worker / lead professional?** No  Yes

(A professional who is in regular contact with your family, who offers you information and support and takes the lead in co-ordinating the services you need.)

## 3. NATURE OF CHILD'S DISABILITY

Please tick **all** that apply

Developmental Delay (under 5s only)

Visual Impairment

Physical / Mobility Disability

Communication Difficulties

Moderate Learning Difficulty

Behavioural Difficulties

Severe Learning Difficulty

Autistic Spectrum

Hearing Impairment

Long-term chronic illness

**If your child's diagnosis has been confirmed please name condition(s)**

e.g. Cerebral Palsy,  
Downs Syndrome,  
Epilepsy, Aspergers

**Does your child use a wheelchair / special buggy ?** No  Yes

## 4. PERSONAL ATTENTION REQUIREMENTS

Please circle level of assistance required compared to other children of the same age ?  
(0 = none, 2 = moderate, 4 = intensive)

Walking / moving about	0 1 2 3 4	Night supervision	0 1 2 3 4
Getting up / down stairs	0 1 2 3 4	Play activities	0 1 2 3 4
Getting in / out of bed	0 1 2 3 4	Overcoming anxiety	0 1 2 3 4
Balancing	0 1 2 3 4	Relating to others	0 1 2 3 4
Picking up things	0 1 2 3 4	Understanding others	0 1 2 3 4
Eating or drinking	0 1 2 3 4	Being understood	0 1 2 3 4
Dressing	0 1 2 3 4	Personal safety	0 1 2 3 4
Toileting	0 1 2 3 4	Control / behaviour	0 1 2 3 4
Washing / bathing	0 1 2 3 4		

**Does your child need regular help with medication or using medical equipment ?** (e.g. nebuliser, nasogastric feeding, daily physiotherapy etc.)

No

Yes

Please specify .....

**How often is your sleep disturbed due to your child's additional needs ?**

Never

Sometimes

Often

Always

## 5. SERVICE NEEDS - HEALTH

<i>Please tick one box on each line below. If anything does not apply to you leave it blank.</i>	Receiving now	Needed now but not received	Will be needed within 2 years
Child Development Centre (pre-school children)			
Paediatrician			
Other Consultant			
Health Visitor			
Community Nurse			
Physiotherapist			
Occupational therapist			
Speech / language therapist			
Audiologist			
Optical services			
Continence service			
Mental health service (eg clinical psychiatry / psychology)			
Sexual health advice			
Hospice			
Other (please specify)			

## 6. SERVICE NEEDS - EDUCATION

### Current Educational Placement

Nursery       Infant / Primary       Secondary   
 Sixth Form / Further Education College       Home Tuition       None

### Type of Placement

Mainstream school       Special Unit / Resourced provision in mainstream   
 Day Special School       Residential Special School

**Name of nursery / school / college attending at present**

Some children are based at two schools. If this is the case please state name of second nursery / school / college :

**If your child will move to a different school / college within the next two years what do you feel he / she is likely to need ?**

Nursery       Infant / Primary       Secondary   
 Sixth Form / Further Education College       Home Tuition

**What type of placement would this be ?**

Mainstream school       Special Unit / Resourced provision in mainstream   
 Day Special School       Residential Special School

<b>OTHER EDUCATION NEEDS</b> <i>Please tick one box on each line below. If anything does not apply to you leave it blank.</i>	Receiving now	Needed now but not received	Will be needed within 2 years
Portage ( <i>home visiting</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Psychologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statement of Special Educational Need (SEN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent Partnership Service ( <i>impartial help and advice on the education system</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Classroom support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Youth Service (13+ years only):**

*All children over 13 years old are allocated a Personal Advisor -*

*if your child is over 13 do you know the name of your child's Personal Advisor ?*

No   
 Yes

## 7. SERVICE NEEDS - LEISURE

<i>Please tick one box on each line below. If anything does not apply to you leave it blank.</i>	Receiving now	Needed now but not received	Will be needed within 2 years
After school / holiday clubs with support			
Social clubs with support			
Sport activities with support			
Befriending services			
Other <i>(please specify)</i>			

## 8. SERVICE NEEDS - GETTING ABOUT

<i>Please tick one box on each line below. If anything does not apply to you leave it blank.</i>	Receiving now	Needed now but not received	Will be needed within 2 years
Blue Badge Scheme / Disabled Parking Badge			
Adapted family vehicle / Motability scheme			
Specially arranged educational transport			
Other <i>(please specify)</i>			

**Do you use Public Transport with your child ?**  
(e.g. bus, train, taxi)

No  Yes  Sometimes

## 9. SERVICE NEEDS - SOCIAL CARE

<i>Please tick one box on each line below. If anything does not apply to you leave it blank..</i>	Receiving now	Needed now but not received	Will be needed within 2 years
Social worker			
Family centre / support worker			
Domiciliary support / in home support			
Sitting service			
Short break / respite care			
Other <i>(please specify)</i>			

**Are you aware of the Direct Payments Scheme ?**

No  Yes

**Do you receive Direct Payments ?**

No  Yes

## 10. BENEFITS

Does your child receive Disability Living Allowance ?

No       Mobility (low)       Care (low)   
Mobility (high)       Care (mid)   
Care (high)

Do you receive Carers Allowance ?    No     Yes

## 11. AIDS AND EQUIPMENT

<i>Please tick one box on each line below. If anything does not apply to you leave it blank.</i>	<b>Receiving now</b>	<b>Needed now but not received</b>	<b>Will be needed within 2 years</b>
Feeding (e.g. cutlery, cups, pumps)			
Posture (e.g. frames, seating)			
Orthotic (e.g. splints, callipers, shoes)			
Mobility (e.g. wheelchair, special buggy)			
Lifting (e.g. slings, hoists)			
Continence (e.g. nappies, pads, sheets)			
Communication (e.g. simulators, keyboards)			
Sensory (e.g. flashing lights, hearing aids)			
Other (please specify)			

## 12. ACCOMMODATION

**Type :** Please tick the box which best describes your current accommodation

House     Flat     Bungalow     Other .....  
(please specify)

**Ownership:** Please tick the most relevant box

Owner Occupied     Council Rented     Privately Rented

Housing Association Rented     Other .....  
(please specify)

Will your current accommodation meet your future needs?    No     Yes

If no, what do you expect to need ?

### ADAPTATIONS IN YOUR CURRENT HOME

Please tick one box on each line below. If anything does not apply to you leave it blank.

	Receiving now	Needed now but not received	Will be needed within 2 years
Door entry / Ramps / Widened doors			
Grab rails			
Bath hoist			
Bed hoist			
Relocated / redesigned kitchen			
Relocated / redesigned toilet or bathroom			
Extension			
Other (please specify)			

### 13. VOLUNTARY SERVICES

Which services have you been in touch with in the last 12 months ?

- |                            |                          |                     |                          |
|----------------------------|--------------------------|---------------------|--------------------------|
| National Autistic Society  | <input type="checkbox"/> | Crossroads          | <input type="checkbox"/> |
| Contact a Family           | <input type="checkbox"/> | Mencap              | <input type="checkbox"/> |
| Downs Syndrome Association | <input type="checkbox"/> | Barnardos           | <input type="checkbox"/> |
| Cheshire Carers Centre     | <input type="checkbox"/> | Friends for Leisure | <input type="checkbox"/> |

Other (please specify) .....

### 14. FINANCE

Have you had to purchase any of the following privately ?

- |                  |                          |                 |                          |           |                          |
|------------------|--------------------------|-----------------|--------------------------|-----------|--------------------------|
| Aids / equipment | <input type="checkbox"/> | Adaptations     | <input type="checkbox"/> | Education | <input type="checkbox"/> |
| Care in home     | <input type="checkbox"/> | Health services | <input type="checkbox"/> |           |                          |

If so, why ?

- |                   |                          |                |                          |                      |                          |
|-------------------|--------------------------|----------------|--------------------------|----------------------|--------------------------|
| Long waiting list | <input type="checkbox"/> | None available | <input type="checkbox"/> | Didn't meet criteria | <input type="checkbox"/> |
|-------------------|--------------------------|----------------|--------------------------|----------------------|--------------------------|

What was offered not suitable  Other (please specify) .....

### 15. CHILD / YOUNG PERSON'S ETHNIC ORIGIN

Ethnic origin refers to members of an ethnic group who share the same cultural background and identity. This does not necessarily mean country of birth or nationality.

- |   |   |
|---|---|
| <input type="checkbox"/> White British (England, Scotland, Wales, N. Ireland) | <input type="checkbox"/> Pakistani or British Pakistani     |
| <input type="checkbox"/> White Irish (Republic of Ireland)                    | <input type="checkbox"/> Bangladeshi or British Bangladeshi |
| <input type="checkbox"/> Any other White background                           | <input type="checkbox"/> Any other Asian background         |
| <input type="checkbox"/> Mixed White and Black Caribbean                      | <input type="checkbox"/> Black or Black British Caribbean   |
| <input type="checkbox"/> Mixed White and Black African                        | <input type="checkbox"/> Black or Black British African     |
| <input type="checkbox"/> Mixed White and Asian                                | <input type="checkbox"/> Any other Black background         |
| <input type="checkbox"/> Any other Mixed background                           | <input type="checkbox"/> Chinese                            |
| <input type="checkbox"/> Indian or British Indian                             | <input type="checkbox"/> Any other ethnic group             |

## 16. ANY OTHER NOTES / COMMENTS

Include here any specific questions that Cheshire Carers Centre may be able to help you with


(please attach separate sheet if you require more space)

### CONFIDENTIALITY

**Thank you for completing this form.** Your information will contribute to statistical reports that assist in the planning and provision of services in Cheshire. These reports will be compiled in such a way that identification of a particular individual is impossible. We will not disclose an individual's information to anyone else.

Entry on the Database is entirely voluntary. It will not affect whether your child is eligible for services, nor does it guarantee that services will be provided. You can have your details removed at any time by writing to the Database Co-ordinator at the address below.

Once on the Database you will be contacted from time to time to make sure your details are up to date and to let you know of any events or service developments. We will also send you copies of our regular newsletters.

**Please sign below to indicate your agreement to hold and process the information on this form as part of Cheshire's Disabled Children's Database. If your child / young person is aged 16 or over they should also give their consent. If he / she is not able to give consent please indicate that you are giving consent on their behalf.**

**Signature of Child**  
(if appropriate) .....

**Signature of Parent**  
or Main Carer .....

**Date** .....

How did you first hear of the Disabled Children's Database ?

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*Cheshire Carers Centre supports carers of all ages throughout Cheshire.  
It produces a regular newsletter and holds a variety of information / activity sessions.  
Would you like to be added to the Cheshire Carers' Centre mailing list?*

Yes   
No

Please return this form in an envelope marked **CONFIDENTIAL** to the Disabled Children's Database FREEPOST address :

**Cheshire Carers Centre DCD Office  
FREEPOST RRG T HSKR GTEB  
146 London Road, Northwich, Cheshire CW9 5HH**

For help completing this form or If you require further information please contact :  
The Disabled Children's Database Co-ordinator  
Telephone: 01606 828151 ext 8 E-mail: dcd@cheshirecarerscentre.org.uk