



# **CHESHIRE EAST DISABLED CHILDREN'S DATABASE**

## **Registration Form**

The Cheshire East Disabled Children's Database (DCD) is a voluntary register for children and young people with a disability aged 0-18 years and living in Cheshire East.

The benefits of being on the Database:

- be kept informed and up to date about services and activities in Cheshire East for disabled children and young people and their families through our contact list and the Children With Disabilities Short Breaks Team
- have a voice through consultation and surveys to influence planning for the needs and demands for services in Cheshire East

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 Cheshire East Council 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:

DCD CWD Short Breaks Team Floor 1 Macclesfield Town Hall Unicorn Gateway SK10 1EA	Tel: 01625 378083  Email: Shortbreaksteam@cheshireeast.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

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Post code: \_\_\_\_\_ Telephone number: \_\_\_\_\_

## Cheshire East Council Equality and Diversity Monitoring:

**Child's Religion** \_\_\_\_\_

### Child's Ethnic group

Please tick the box that is closest to your child's ethnic background

African	<input type="checkbox"/>	White British	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	White Irish	<input type="checkbox"/>
Any other Black background Give details	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Any other White background	<input type="checkbox"/>

Pakistani		Give details	
Chinese			
Any other Asian background Give details		Gypsy/Roma	
		Traveller of Irish heritage	
Any other Mixed background Give details		I do not wish to answer	

## Your child's disability 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 ask any of the professionals you have contact with or contact the CWD Short Breaks Team on 01625 378083, or email: [Shortbreaksteam@cheshireeast.gov.uk](mailto:Shortbreaksteam@cheshireeast.gov.uk)

<b>DISABILITY/DIAGNOSIS</b>	<b>v</b>
<b>A diagnosis of an Autistic Spectrum Disorder</b> including: Autism and Asperger syndrome	
<b>Behaviour</b> including: Social and Emotional difficulties, ADHD / ADD	
<b>Communication</b> including: speech and language disorders	
<b>Developmental Delay</b> developmental difficulties with no formal diagnosis	

<p><b>Sensory impairment</b> please give brief details of impairment:</p>	
<p><b>Learning</b> including: moderate or severe learning difficulties, Dyspraxia</p>	
<p><b>Mobility Difficulty/ Physical Disability</b> please give brief details:</p>	
<p><b>Long term chronic illness</b> Please give brief details:</p>	
<p><b>Syndrome / Chromosome disorder</b> name/type:</p>	
<p><b>Other condition not mentioned above</b> 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 a Statement of Special Educational Needs or an Education, Health and Care Plan to be on the Disabled Children's Database***

**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 Cheshire East Disabled Children's Database

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

This form is acceptable with only your name and date if it is being completed electronically

**For statistical purposes please let us know where you found out about the Disabled Children':**

School/  
Nursery

Health centre/GP

Hospital/Paediatrician

CEFS

Social Worker

Short break provider

CAMHS

Children's Centre /  
Early Years Support

Cheshire East Children with  
Disabilities Short Breaks Team

Other   
Please specify:



**November 2017**