

# Children with Additional Needs (CAN) Card

## *Application Form*



Please return completed form and a passport size photograph of your child to:

Lorraine Knowles  
Short Break Services  
Bracknell Forest Council  
Time Square  
Market Street  
Bracknell  
RG12 1JD

*(forms cannot be processed without a photograph)*

The Children with Additional Needs (CAN) Card can be provided to children and young people, **living in Bracknell Forest**, with additional needs, whether it is a physical, sensory, or a learning disability. The information provided will be used to produce a small 'credit card size' card which can be shown to certain organisations as proof of your child's disability. In addition, information provided will:

- Help us maintain the Disability Register – please refer to additional leaflet 'Bracknell Forest Children's Disability Register'. This supports our planning for future services and identifies any gaps in current service provision for children with additional needs.
- Ensure that families with a child with additional needs are kept fully informed of issues that may affect them, and to advise them of relevant new services and opportunities.

Families registered with Short Break Services will receive:

- Newsletters
- Regular email updates about events, activities and useful information
- A CAN Card, which allows your child to access concessions at certain leisure attractions and facilities; you will receive a booklet with attraction details

The information you provide will be treated as confidential and will only be used statistically by other services. No identifying personal information will be passed to any other organisation without prior consent from a parent or carer.

**Enquiries to:**

*Lorraine Knowles*

*Email: [short.breaks@bracknell-forest.gov.uk](mailto:short.breaks@bracknell-forest.gov.uk)*

*Telephone 01344 352726*

I declare that the information provided on this form is, to the best of my knowledge, accurate at the time of completion:

Signature of main parent/ carer \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Email \_\_\_\_\_

Thank you for completing the form. The information will be held on a computer on a protected database. Under the Data Protection Act 1998, you have a right to see, update, or withdraw information held at any stage.

**N.B. If your child does not have a Statement of SEN or EHCP, you will need to provide evidence of your child's additional need/ disability e.g. GP or CAMHS letter or proof of DLA.**

**Child Details**

|                |   |
|----------------|---|
| First Name:    |   |
| Surname:       |   |
| Gender:        | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Date of Birth: |   |

**Parent/Carer Details**

|                               |  |
|-------------------------------|--|
| First name:                   |  |
| Surname:                      |  |
| Relationship to child:        |  |
| Main language spoken at home: |  |

**Contact Details**

|                   |         |  |
|-------------------|---------|--|
| Address:          |         |  |
| Telephone Number: | Home:   |  |
|                   | Mobile: |  |
| Email address:    |         |  |
| Religion:         |         |  |

**Ethnic Background**

|   |  |   |
|---|--|---|
| <b>White</b><br><input type="checkbox"/> White – British<br><input type="checkbox"/> White – Irish<br><input type="checkbox"/> Any other White background<br><input type="checkbox"/> Gypsy<br><br><b>Black or Black British</b><br><input type="checkbox"/> Caribbean<br><input type="checkbox"/> African<br><input type="checkbox"/> Any other Black background | <b>Mixed</b><br><input type="checkbox"/> White and Black Caribbean<br><input type="checkbox"/> White and Black African<br><input type="checkbox"/> Any other mixed background<br><br><b>Other Ethnic groups</b><br><input type="checkbox"/> Chinese<br><input type="checkbox"/> Any other ethnic group | <b>Asian or Asian British</b><br><input type="checkbox"/> Indian<br><input type="checkbox"/> Pakistani<br><input type="checkbox"/> Bangladeshi<br><input type="checkbox"/> Any other Asian background |
|---|--|---|

**Education**

|   |  |
|---|--|
| Name of school or pre-school:                                 |  |
| If the school is residential, does your child board:          | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Does your child have a Statement of Special Educational Need: | Yes <input type="checkbox"/> No <input type="checkbox"/> In process <input type="checkbox"/><br>At School Action/School Action Plus <input type="checkbox"/> |

**Siblings**

|   | Age 0-2 | Age 3-4 | Age 5-7 | Age 8-10 | Age 11-12 | Age 13-15 | Age 16-18 |
|---|---------|---------|---------|----------|-----------|-----------|-----------|
| Number:   |         |         |         |          |           |           |           |
| How many of these siblings have additional needs (please give ages and details of additional need): |         |         |         |          |           |           |           |

**Details of Additional Need**

**Specific Diagnosis** - please tick all that apply and provide more information if you wish. If your child does not have a specific diagnosis, please tick 'other' and give more details about their needs.

|  |                          |
|--|--------------------------|
| ADHD (or ADD)  | <input type="checkbox"/> |
| Autistic Spectrum Disorder                               |                          |
| Autism   | <input type="checkbox"/> |
| Aspergers  | <input type="checkbox"/> |
| Blind  | <input type="checkbox"/> |
| Partially sighted  | <input type="checkbox"/> |
| Cerebral Palsy   | <input type="checkbox"/> |
| Chronic medical condition (please give specific details) | <input type="checkbox"/> |
| Cystic Fibrosis  | <input type="checkbox"/> |
| Deaf with speech   | <input type="checkbox"/> |
| Deaf without speech                                      | <input type="checkbox"/> |
| Hard of hearing  | <input type="checkbox"/> |

|  |                          |
|--|--------------------------|
| Downs Syndrome                                     | <input type="checkbox"/> |
| Dyslexia   | <input type="checkbox"/> |
| Dyspraxia  | <input type="checkbox"/> |
| Epilepsy   | <input type="checkbox"/> |
| Global Developmental Delay                         | <input type="checkbox"/> |
| <u>Learning Disability</u>                         |                          |
| Mild   | <input type="checkbox"/> |
| Moderate   | <input type="checkbox"/> |
| Severe   | <input type="checkbox"/> |
| Muscular Dystrophy                                 | <input type="checkbox"/> |
| Physical Disability (please give specific details) | <input type="checkbox"/> |
| Spina Bifida                                       | <input type="checkbox"/> |
| Other (please give details)                        | <input type="checkbox"/> |

**Personal Support Required** – please tick all relevant boxes and add additional comments if you wish. These comments are often helpful for understanding your child’s needs, and shaping future services.

|   |   | Additional Comments: |
|---|---|----------------------|
| <b>Mobility in the home – walking/moving around</b> <i>are they unstable, bump into things, unsafe if left alone...</i>                           | General <input type="checkbox"/><br>Wheelchair <input type="checkbox"/><br>Walking frame <input type="checkbox"/> |                      |
| <b>Outdoor mobility</b> <i>do they fall over, have difficulty walking far, need support to move around...</i>                                     | General <input type="checkbox"/><br>Wheelchair <input type="checkbox"/><br>Walking frame <input type="checkbox"/> |                      |
| <b>Playing</b> <i>do they need help interacting with other children, are they obsessed with certain toys...</i>                                   | <input type="checkbox"/>  |                      |
| <b>Personal care – washing/bathing/cleaning teeth/dressing/brushing hair etc, do they need reminding or assisting...</b>                          | <input type="checkbox"/>  |                      |
| <b>Eating and drinking</b> <i>do they need help with feeding, do they only eat specific food or eat in a certain way...</i>                       | <input type="checkbox"/>  |                      |
| <b>Night supervision</b> <i>including night terrors, bed wetting, and difficulty sleeping...</i>  | <input type="checkbox"/>  |                      |
| <b>Personal safety</b> <i>are they safe on their own, do they have no sense of danger, are they at risk to themselves...</i>                      | <input type="checkbox"/>  |                      |
| <b>Continence/using toilet</b> <i>do they need assistance, are they in nappies/pads...</i>  | <input type="checkbox"/>  |                      |
| <b>Learning</b> <i>do they need help at school or at home...</i>  | <input type="checkbox"/>  |                      |
| <b>Communication</b> <i>do they need any aids or use sign language, do they have difficulty with speech and/or language...</i>                    | <input type="checkbox"/>  |                      |
| <b>Behaviour</b> <i>do they have aggressive or unpredictable behaviour, do they struggle to understand how to behave in certain situations...</i> | <input type="checkbox"/>  |                      |
| <b>Relating to others/social integration</b> <i>do they find it hard to be around or talk with other people...</i>                                | <input type="checkbox"/>  |                      |
| <b>Expressing needs/being understood</b> <i>do they have difficulty in communicating their needs or finding the correct words...</i>              | <input type="checkbox"/>  |                      |
| Can your child access mainstream activities without additional support:   | Yes/<br>No  |                      |

**Please remember to attach a passport size photograph of your child when returning your application.**