

Register on the Bracknell Forest Disability Register.

By law we need to keep a Disability Register.

We would like to use the information you provide to help maintain our Disability Register and our Short Breaks email list. Registration is voluntary. Being on the Disability Register will:

- Help support our planning for future services and identify any gaps in current service provision for children with additional needs.
- Ensure you are kept fully informed of issues that may affect them, and to advise them of relevant new services and opportunities.
- Receive regular email updates about events, short breaks, activities and useful information.

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.

- Yes I would like to register my child / young person in the Bracknell Forest Disability Register and Short Breaks email list

Please send enquiries to:

Joanna Gibbons

Email: short.breaks@bracknell-forest.gov.uk

Telephone: **01344 354042**

Child Details

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

Parent/Carer Details

Title (Mr, Mrs, Ms, Miss, Dr):	
First name:	
Surname:	
Relationship to child:	
Main language spoken at home:	

Contact Details

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

Ethnic Background

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

Name of school or pre-school:	
Does your child have an EHCP or Statement of Special Educational Need:	Yes <input type="checkbox"/> No <input type="checkbox"/> In process <input type="checkbox"/>
Is your child receiving SEN support?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Details of Additional Need**Specific Diagnosis**

Please tick all that apply and provide more information if you wish.

ADHD or other behavioural condition	<input type="checkbox"/>
Autistic Spectrum Disorder	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>
Learning Difficulties Moderate Learning Difficulties	<input type="checkbox"/>
Profound and Multiple Learning Difficulties	<input type="checkbox"/>
Severe Learning Difficulties	<input type="checkbox"/>
Multi Sensory Impairment	<input type="checkbox"/>
Physical Disabilities (please give specific details)	
Specific Learning Difficulties (e.g. Dyslexia and Dyspraxia)	<input type="checkbox"/>
Speech and Language Communication needs	<input type="checkbox"/>
Visual Impairment (Only visual impairments that cannot be corrected with regular glasses or contact lenses)	<input type="checkbox"/>
Other including severe health / medical conditions (please specify)	

How did you hear about the Disability Register?

Please tick all that apply

School / SENCO	<input type="checkbox"/>
Short Breaks communication	<input type="checkbox"/>
Website	<input type="checkbox"/>
Local Offer	<input type="checkbox"/>
EHCP application	<input type="checkbox"/>
Social worker / family worker	<input type="checkbox"/>
Word of mouth	<input type="checkbox"/>
Other (please specify)	

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
