

Leicester City Disabled Children's Register (DCR)

The Children's Disability Register is a confidential list of names and basic information about children with disabilities, special or additional needs. The purpose of the register is to safeguard and promote the interests of disabled children and plan and improve services for them.

Completed paper forms should be returned to:

- Disabled Children's Register Co-Ordinator, Beaumont Way, Beaumont Leys, Leicester, LE4 1DS

Alternatively complete the form securely online:

- families.leicester.gov.uk/disabled-childrens-register

Parent/Carer Details

On registering your child, you can request a free carer's pass that gives you free entry to some activities in Leicester City Councils Leisure Centres when you attend with your child.

Q1. If you do not have a free carer's pass and wish to receive more information, please tick the box.

Q2. Do you have parental responsibility for this child or young person? **Yes** **No**

Please note that only those with parental responsibility can agree to a child's name being included on the register.

Q3. Please complete the following parent/carers information:

First Name		
Surname		
Date of Birth		
Address		
Postcode		
Email		
Contact Number	Home:	Mobile:

Q4. Do you receive Carer's Allowance for this child? **Yes** **No**

Information about the Child/Young Person:

Q5. Please complete the following information:

First Name			
Surname			
Date of Birth		Gender	Male <input type="checkbox"/>
			Female <input type="checkbox"/>
			Indeterminate <input type="checkbox"/>
Address (If different from the parent/carer)			
Postcode		Ethnicity <i>refer to ethnicity codes at back of form</i>	
First language		Any other languages	
Registered GP		NHS Number (if known)	

Q6. Does your child/young person use sign language? **Yes** **No**

Q7. Does the child/young person receive any of the following? (*Tick all that apply*)

Personal Independent Payments Disability Living Allowance None

Identified Needs:

Q9. What is the nature of your child/young person's disability? (*Tick all that apply*)

Asperger's/ Autism Spectrum Disorder	<input type="checkbox"/>	ADHD	<input type="checkbox"/>
Behavioural difficulties Other	<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>
Learning difficulty /disability	<input type="checkbox"/>	Muscular Dystrophy	<input type="checkbox"/>
Hearing impairment / disability	<input type="checkbox"/>	Spina Bifida	<input type="checkbox"/>
Visual Impairment / disability	<input type="checkbox"/>	Physical disability - other	<input type="checkbox"/>
Downs Syndrome	<input type="checkbox"/>	Sensory disability - other	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Genetic disability or disorder	<input type="checkbox"/>
Medical condition	<input type="checkbox"/>	Mental health difficulties	<input type="checkbox"/>

Other - please give details

Education:

Q12. Does the child have an Education, Health, Care Plan (EHCP)?

Yes No Request for assessment made

Q13. Is your child attending any education provision? *This includes pre-school, nursey, a childminder, school or college.*

If yes, please give details

Q14. If your child/young person is over the age of 16;

a) Are they or have they received support into employment, training or further education?

Yes No Not applicable

b) Has anything prevented your child from accessing support into employment, training or further education?

Please give details

Access to Services:

Q15. Please tell us which services support your child (*tick all that apply*).

Health Service:

University Hospitals of Leicester NHS Trust Leicestershire Partnership Trust GP

Other Service:

DCS Social Work Team	<input type="checkbox"/>	Short Break Support	<input type="checkbox"/>
Occupational Therapy	<input type="checkbox"/>	Residential short break	<input type="checkbox"/>
Long term residential care	<input type="checkbox"/>	Self-Help Support Groups	<input type="checkbox"/>
Support in the home	<input type="checkbox"/>	Foster Care	<input type="checkbox"/>
Counselling/ Psychology	<input type="checkbox"/>	Autism and Asperger's Support	<input type="checkbox"/>
Behaviour Inclusion Support	<input type="checkbox"/>	Transport Services	<input type="checkbox"/>
Speech and Language Service	<input type="checkbox"/>	Personal Assistant	<input type="checkbox"/>
Visual/ Hearing Impairment	<input type="checkbox"/>	Early Support Service	<input type="checkbox"/>
Children's Community Nursing Service	<input type="checkbox"/>	Physiotherapy	<input type="checkbox"/>
Dietician	<input type="checkbox"/>	Rainbows	<input type="checkbox"/>
CAMHS	<input type="checkbox"/>	Community Paediatrician	<input type="checkbox"/>
Continuing Care Package	<input type="checkbox"/>	Independent Living Support	<input type="checkbox"/>
Carer Support	<input type="checkbox"/>	0-19 Healthy Child Service (health visiting and school nursing)	<input type="checkbox"/>

Other - please give details

Activities/Short Breaks:

Q16. Please tell us about the activities your child attends

	Attends	Would like to attend		Attends	Would like to attend
After school club	<input type="checkbox"/>	<input type="checkbox"/>	Arts and crafts	<input type="checkbox"/>	<input type="checkbox"/>
Clubs and entertainment	<input type="checkbox"/>	<input type="checkbox"/>	Dance	<input type="checkbox"/>	<input type="checkbox"/>
Drama	<input type="checkbox"/>	<input type="checkbox"/>	Playscheme	<input type="checkbox"/>	<input type="checkbox"/>
Sports	<input type="checkbox"/>	<input type="checkbox"/>			
Other – please give details					

Q17. What prevents your child accessing activities or short breaks? (Tick all that apply)

Transport	<input type="checkbox"/>	Money	<input type="checkbox"/>
Trained / experienced staff	<input type="checkbox"/>	Lack of support	<input type="checkbox"/>
Not aware of activities	<input type="checkbox"/>	Equipment	<input type="checkbox"/>
Other – please give details			

Your Opinion:

Your feedback is important to help the Disabled Children’s Service improve the delivery of services. Your views and comments will remain anonymous.

Q18. What is your overall level of satisfaction with Education, Health and Care services that your child/young person receives? *Please rate between 1- 5 with 5 being the highest*

	1	2	3	4	5
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q19. Do you feel you have received the right information at the right time about your child’s disability?

	Yes	No	Not applicable
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q20. Do you think you have enough say about services for disabled children and young people in the City?

Yes **No**

Your comment

Consent

Submission of this registration form will give consent to the use information to:

- Add your child to the Disabled Children's Register
- To assess your eligibility for a Free Carer's pass
- Compile data reports to which are shared with local service providers.

Any personal information that you provide will be processed in accordance with current Data Protection laws. It will be used by Leicester City Council and our partners to deliver and improve services and fulfil our legal duties. We will not disclose any personal information to anyone else unless required or allowed to do so by law.

Read more about how we use personal data in our Fair Processing / Privacy Notice on our website www.leicester.gov.uk

Signed	
Print name	
Date	

Ethnicity Codes

White	Dual Heritage	Asian
A1. White British A2. White European A3. White Irish	B1. White Caribbean B2. White/ Black African B3. White/Asian	C1. Indian C2. Pakistani C3. Bangladeshi
Black	Chinese	Other Ethnic Group
D1. Caribbean D2. African D3. Somali D4. Any other Black background	E.1 Chinese E.2 Any other Chinese background	F1. Gypsy Romany/Irish Traveller F2. Any other ethnic group F3. Prefer not to say