

IF YOU NEED HELP & SUPPORT WITH THIS FORM, PLEASE CONTACT THE NETWORK CO-ORDINATOR AT THE CHILDREN WITH DISABILITIES TEAM ON 01384 815813

**CHILDREN'S DISABILITY NETWORK APPLICATION FORM:
 FOR CHILDREN WITH DISABILITIES AND LONG TERM COMPLEX HEALTH CONDITIONS**

PERSONAL DETAILS

Child's surnameForename.....

Child's preferred name

Child's full address

.....PostcodeTelephone

Female Male Child's date of birth

GP name and address

.....

EDUCATION DETAILS

Nursery/school name and address

.....

Does your child have a statement of special educational needs? Yes No

COMMUNICATION

Child's first language (eg. English, Urdu, Punjabi)

Does your child use sign language? Yes No

If yes, what method of sign language is used? (ie. makaton, BSL)

DISABILITY DETAILS

Child's disability/diagnosis

.....

Please indicate how this disability affects your child (please tick all that apply)

Learning Physical Visual Hearing

Speech and language Behavioural Health

Other If other, please state

Is your child's condition: Mild Moderate Severe Profound

Please tick if your child receives any of the following:

Dialysis Tube feeding Suction

Nebulisers Ventilation Toilet aids

Mobility aids Wheelchair Lifting aids

Hearing aid Visual aids Bathing aids

Communication aid Limb appliances Major adaptations

Standing aids Adapted seating Minor adaptations

Continence equipment

MOBILITY

Is your child able to walk? Yes No With help

Is your child able to go upstairs? Yes No With help

Does your child require a wheelchair/buggy? Yes No Sometimes

SELF HELP SKILLS

Can your child do the following appropriate to age?

Please tick this box if your child is too young to display the following skills

WASHING Yes Not at all With help Under supervision

DRESSING Yes Not at all With help Under supervision

FEEDING Yes Not at all With help Under supervision

CONTACT DETAILS

Name of parent/carer and address

.....Postcode Telephone

Relationship to child First language

If you would like to receive updates of new services/activities within the borough and newsletters via email, please supply us with your email address

.....

Please tick if you do NOT wish to receive any information updates via post or email

If your child is of pre-school age (0-4years), discussions and transfer of name and details will take place with Education and Health Services to ensure that their ongoing care needs are met.

If your child has a severe learning disability, from year 10 (age 15), discussions and transfer of name and details will take place with Adult Services and Connexions to ensure that their ongoing care needs are met.

Do you wish to become a member of the Dudley Carers Network?

Yes No

If you tick 'yes', we will forward your details onto the Dudley Carers Network.

DECLARATION

'I agree for this information about my child to be stored with the Children's Disability Network. I understand that the information provided may be shared with other agencies in the area for the purposes of joint planning and service delivery. The information held will not be shared with commercial organisations. I understand that membership is voluntary, and I am aware that I, or my child, can request in writing that personal information held with the network be removed at any time'.

SignatureName(Print)

Date:.....

EMERGENCY CONTACT CARD

Membership to the Children's Disability Network, will entitle you to the Carers Emergency Contact Card. The card states that the cardholder is the carer of a child/young person with a disability / complex health condition and emergency number to call and a unique reference number to quote should the holder be involved in an accident or medical emergency. No personal details will be listed on the card.

A copy of the information will be held with the Children's Disability Network and Dudley Community Alarms Service who run this service.

If you would like to apply for the emergency contact card, please tick this box.

FOR ADMINISTRATION USE ONLY:

ID No: _____

Confirmation _____

Ward _____

Information _____

Please tick the one that applies to your child:

| | |
|------------------------|--|
| Any other ethnic group | |
|------------------------|--|

| | |
|--------------------------------------|--|
| Asian or Asian British – Bangladeshi | |
| Asian or Asian British – Indian | |
| Asian or Asian British – Other Asian | |
| Asian or Asian British - Pakistani | |

| | |
|--------------------------------------|--|
| Black or Black British – African | |
| Black or Black British – Caribbean | |
| Black or Black British – Other Black | |

| | |
|---------|--|
| Chinese | |
|---------|--|

| | |
|------------|--|
| Gypsy/Roma | |
|------------|--|

| | |
|---------------------------------|--|
| Mixed – other mixed background | |
| Mixed – White and Asian | |
| Mixed – White and Black African | |

| | |
|-----------------------------|--|
| Traveller of Irish heritage | |
|-----------------------------|--|

| | |
|-----------------------------------|--|
| White – British | |
| White – Irish | |
| White – Other cultural background | |