

**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 surname .....Forename.....

Child's preferred name .....

Child's full address .....

.....Postcode .....Telephone .....

Female  Male  Child's date of birth .....

GP name and address .....

.....

**EDUCATION DETAILS**

Nursery/school name and address .....

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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**

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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'.*

Signature .....Name(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	
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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	
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Gypsy/Roma	
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Mixed – other mixed background	
Mixed – White and Asian	
Mixed – White and Black African	

Traveller of Irish heritage	
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White – British	
White – Irish	
White – Other cultural background	