



**Bristol Register of disabled children
Registration form**

Please read the leaflet before you complete this form.

1.	Name of Child:	
2.	Date of Birth:	
3.	Home Address of Child:	
		Post Code:
4.	Address for correspondence if different from above:	
		Post Code:
5.	E-mail address for correspondence:	

Correspondence for children being looked after by Children and Young People's Service will be sent via the child's social worker so that all interested parties can be kept informed.

6. Gender: male female

7. About your child:

Please tick as many boxes as you need to describe your child's significant and permanent impairment.

Learning difficulties Visual impairment

Physical impairment Speech/language difficulty

Hearing impairment Medical condition

Developmental delay Diagnosed Autism/Aspergers
(pre-school children only)

8. If you understand that your child has a particular condition please state what it is:

.....

If the condition was formally diagnosed, please give details of the person who made the diagnosis. We will not contact this person without further discussion with you.

Name:

Address:

Position:

9. Correspondence will be routinely sent out as a newsletter in standard type on paper. If you would this information in a different format, for example braille, audio tape, large print or computer disc or community languages.

Give details if you require the correspondence in other than standard format.

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10. Consent to Registration.

I agree to my child's name being placed on the Bristol Register of disabled children. This information will be treated confidentially.

Name:

Signed: Parent/Guardian

Date:

In Children & Young People's Services we try to make sure that all the people of Bristol are able to use our services. The following information will help us find out who uses our services.

Please tick the box that best describes your child's ethnicity.

White	British	<input type="checkbox"/>
	Irish	<input type="checkbox"/>
	Traveller of Irish heritage	<input type="checkbox"/>
	Gypsy/Roma	<input type="checkbox"/>
	Any other White background	<input type="checkbox"/>
Mixed	White and Black Caribbean	<input type="checkbox"/>
	White and Black African	<input type="checkbox"/>
	White and Asian	<input type="checkbox"/>
	Any other Mixed background	<input type="checkbox"/>
Asian or Asian British	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>
	Any other Asian background	<input type="checkbox"/>
Black or Black British	Caribbean	<input type="checkbox"/>
	African	<input type="checkbox"/>
	Somali African	<input type="checkbox"/>
	Any other Black background	<input type="checkbox"/>

Please send your completed form to:

Custodian of the Register, Bristol Register of Disabled Children, Children and Young People's Services, 5 Knowle West Health Park, Downton Road, Bristol BS4 1WH