



## **Social Services and Health SSL36**

**Information about:**

# **Bristol Register of Disabled Children**

We keep a register of disabled children. It is a requirement of the 1989 Children Act.

### **Why have a register?**

The register is useful because:

- It enables useful information to be provided to the parents and carers of disabled children.
- It provides information about where disabled children are living and so enables the planning of services to meet the needs of all Bristol's disabled children.
- It provides information about the needs of all disabled children in Bristol.
- It enables the efficient consultation and involvement of parents, carers and disabled children in the development of services.

### **Who is registered?**

Registration is open to disabled children, who

- are up to 18 years old
- live within the Bristol City Council boundary
- have in their opinion, or the opinion of their parents, a significant and permanent impairment

Registration is voluntary on the part of the child's parents. The provision of services is not affected by a child being registered.

### **The Register**

The Register is held on our computer system. We strictly control access to the information. Parents can request a copy of the information held about their child.

### **Registration**

Registration is a simple matter of the child's parent completing the registration form BS36. A registration form should be included with this leaflet. If it is not, contact the address below.

A child's name can be removed from the Register at the parent's request. Parents should write to the Custodian of the Register at the address below.

For further information about the register or services for disabled children contact:

Disabled Children Service  
Social Services and Health  
5 Knowle West Health Park  
Downton Road  
Bristol BS4 1WH  
Tel: 0117 903 8250  
Fax: 0117 903 8254  
Minicom: 0117 903 8255

**The registration form BS36 for the Register of Disabled Children follows on the next pages.**



**BS36**

**Bristol City Council  
Register of Disabled Children  
Registration Form**

Please read Social Services and Health leaflet SSL36 before you complete this form.

1.	<b>Name of Child:</b>	
2.	<b>Date of Birth:</b>	
3.	<b>Home Address of Child:</b>	<b>Post Code:</b>
4.	<b>Address for correspondence if different from above:</b>	<b>Post Code:</b>

Correspondence for children being looked after by Social Services will be sent via the child's social worker so that all interested parties can be kept informed.

5. **Gender:** male  female

6. **About your child:**

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

- |   |                          |                                   |                          |
|---|--------------------------|-----------------------------------|--------------------------|
| <b>Learning Difficulties</b>                          | <input type="checkbox"/> | <b>Visual Impairment</b>          | <input type="checkbox"/> |
| <b>Physical Impairment</b>                            | <input type="checkbox"/> | <b>Speech/Language Difficulty</b> | <input type="checkbox"/> |
| <b>Hearing Impairment</b>                             | <input type="checkbox"/> | <b>Medical Condition</b>          | <input type="checkbox"/> |
| <b>Developmental Delay (pre-school children only)</b> |                          |                                   | <input type="checkbox"/> |

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7. 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: .....

8. Correspondence will be routinely sent out as a newsletter in standard type on paper. Please give details if you require correspondence to be sent in another format. eg., large print, braille, other language, audio tape.

9. Correspondence will be sent to your child if you or your child request it.

Please tick here if your child wishes to receive correspondence.   
Give details if you require the correspondence in other than standard format.

.....

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.

Signed:..... (Parent/Guardian)

Date: .....

**Please send your completed form to:**

Bristol Register of Disabled Children  
Social Services and Health  
Disabled Children Service  
Downton Road  
Knowle  
Bristol BS4 1WH

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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 describes your ethnic background.**

**Ethnic Group Categories:**

White UK	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
White Other	<input type="checkbox"/>	Other Mixed	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>		
Indian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Other Black	<input type="checkbox"/>
Black African	<input type="checkbox"/>		
Chinese	<input type="checkbox"/>	Other ethnic group	<input type="checkbox"/>

**End of Registration Form**

Social Services and Health SSL36  
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