|  |  |  |
| --- | --- | --- |
| **Child’s Name:** |  | |
| **Child’s Date of Birth:** |  | **Gender:**  Male  Female |
| **Child’s Home Address:** | **Post code:** | |
| **Address for correspondence:**  **(if different from above)** | **Post code:** | |
| **Parent/Carer Email Address:** |  | |
| **Relationship to child:** |  | |

**We regularly send information which may be of interest to families of disabled children by email. Please indicate below if you would like to receive this information:**

I **WOULD** like to receive information by email *(Please tick)*

I **WOULD NOT** like to receive information *(Please tick)*

**Would you be happy to be contacted by Bristol City Council to be involved in discussions to look how we can improve services for disabled children?** *(Please tick)*

**Yes**  **No**

**Ethnicity:**

**Please tick the box below that best describes your child’s ethnicity:**

*We try to make sure that all the people of Bristol are able to use our Service, the following information will help us find out who uses our services.*

|  |  |  |
| --- | --- | --- |
| **White** | British  Irish  Traveller of Irish heritage  Gypsy/Roma  Any other White background |  |
| **Mixed** | White and Black Caribbean  White and Black African  White and Asian  Any other Mixed background |  |
| **Asian or Asian British** | Indian  Pakistani  Bangladeshi  Any other Asian background |  |
| **Black or Black British** | Caribbean  African  Somali African  Any other Black background |  |

**Categories of Special Educational Needs and/or Disabilities (SEND)**

Please indicate ‘Primary Need’ below. Please tick as many boxes as you need to describe your child’s significant and permanent impairment:

|  |  |  |  |
| --- | --- | --- | --- |
| **Autistic Spectrum Disorder** |  | **SEN support but no specialist assessment of type of need**  **(\*state below)** |  |
| **Hearing Impairment** |  |
| **Moderate Learning Difficulty** |  | **Severe Learning Difficulty** |  |
| **Multi-Sensory Impairment** |  | **Social, Emotional and Mental Health** |  |
| **Other Difficulty/Disability**  **(\**state below*)** |  | **Specific Learning Difficulty** |  |
| **Physical Disability** |  | **Speech, Language & Communication Needs** |  |
| **Profound & Multiple Learning Difficulty** |  | **Vision Impairment** |  |

\* 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 the person without further discussion with you.

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Professional Title: |  |

**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.**

|  |  |
| --- | --- |
| Parent/Carer Name: |  |
| Relationship to Child: |  |
| Signed: |  |
| Date: |  |

**Please send your completed form to:**

Bristol Register of Disabled Children (DCR)

Specialist Services for Disabled Children

Bristol City Council

5 Knowle West Health Park

Downton Road

Knowle

Bristol BS4 1WH

Or email to: [disabledchildren@bristol.gov.uk](mailto:disabledchildren@bristol.gov.uk)