|  |  |
| --- | --- |
| **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** | BritishIrishTraveller of Irish heritageGypsy/RomaAny other White background | [ ] [ ] [ ] [ ] [ ]  |
| **Mixed** | White and Black CaribbeanWhite and Black AfricanWhite and AsianAny other Mixed background | [ ] [ ] [ ] [ ]  |
| **Asian or Asian British** | IndianPakistaniBangladeshiAny other Asian background | [ ] [ ] [ ] [ ]  |
| **Black or Black British** | CaribbeanAfricanSomali AfricanAny 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