



Bedford Borough's Register for Children and Young People with Disabilities

Registration Form

If you need help completing this form, please contact
Bedford Borough Local Offer Team on 01234 228693



Application Type

This is a new application

This application is a renewal of details

Child / Young Person's Details

Surname

First Names

Date of Birth

Gender Male Female

Address

Email (if over 18)

Postcode

Residence Type

Family Home

Foster Care

Residential Care

Residential College

Child / Young Person's Ethnic Origin

This information will let us know if we are reaching all communities in Bedford Borough

White British

Irish

Any Other White

Black or Caribbean

Black British African

Any Other Black

Asian or Indian

Asian British Pakistani

Bangladeshi

Any Other Asian

Mixed Asian and White

Black African and White

Black Caribbean and White

Mixed Other

Chinese Chinese

Any other ethnic group

I do not wish an ethnic background to be recorded

Main Parent / Carer Details (if child is under 18)

This is where we will send our newsletter and other relevant information

Title Mr / Mrs / Miss / Ms / Dr

Surname

First Names

Address (if different from above)

Relationship to young person

Postcode

Email

Tel no.

Mobile

Diagnosis

Has a diagnosis been made?

Yes

No

Please state primary disability:

General description of disability

Please tick all that apply

- | | | | | | |
|---------------------|--------------------------|--|--------------------------|----------------------------|--------------------------|
| Physical disability | <input type="checkbox"/> | Speech, language & communication need | <input type="checkbox"/> | Chronic illness | <input type="checkbox"/> |
| Visual impairment | <input type="checkbox"/> | Multi-sensory impairment | <input type="checkbox"/> | Life limiting illness | <input type="checkbox"/> |
| Hearing impairment | <input type="checkbox"/> | Behavioural, emotional and social difficulty | <input type="checkbox"/> | Mental health | <input type="checkbox"/> |
| Aspergers | <input type="checkbox"/> | Profound and multiple learning difficult | <input type="checkbox"/> | Severe learning difficulty | <input type="checkbox"/> |
| Epilepsy | <input type="checkbox"/> | Moderate learning difficulty | <input type="checkbox"/> | Autism Spectrum Disorder | <input type="checkbox"/> |
| ADHD | <input type="checkbox"/> | Specific learning difficulty | <input type="checkbox"/> | Tourettes | <input type="checkbox"/> |

Other

College / School / Setting

If you/your child attends a college/school or setting (e.g. nursery, playgroup) please insert name below:

Town

Does your child's college/school/setting recognise your child's disability/additional need by:

- | | |
|--|--------------------------|
| An Education, Health and Care Plan | <input type="checkbox"/> |
| A Statement | <input type="checkbox"/> |
| Additional Need | <input type="checkbox"/> |
| Currently going through the EHCP process | <input type="checkbox"/> |
| No | <input type="checkbox"/> |

If you need help or advice regarding the Education Health and Care Plan process please contact SEND Advice on 01234 276267.

Your information needs

The role of the Disability Register is to signpost young people and their parents / carers to appropriate information on all aspects of you/your child's life. If you have any questions / queries please write them below and we will get back to you.

Membership Card

If you would like a membership card for your child please send a head and shoulder passport sized photo of your child with this Membership Form. Please note the photo does not have to be according to passport standards, it can just be a cut out of a larger photo you may have.

If you have enclosed a photo please tick this box

Consent

I agree to the above details being entered onto the Children and Young People with Disabilities Register.

Signature: Date:


Please print name:


If you **do not** wish to receive any information updates via post or email, please tick here

The information held on the Register is held in compliance with the Data Protection Act 1998.

The information you have given will be treated as confidential. The Register is important, as it helps to give a picture of the needs of children and young people across Bedford Borough. The personal information of individuals and their families is not shared. The information used for planning future services will be anonymous, and will not identify individuals. Every two years, you will be contacted to check the details. You can request, in writing to the address below, to remove your/your child's details from the Register at anytime.

Please return completed form to:

 **01234 228693**
24 hour answerphone service

 Young People's Disability Register
Local Offer Team
Borough Hall
Cauldwell Street
Bedford, MK42 9AP

 localoffer@bedford.gov.uk

**Thank you very much
for taking the time
to complete this form.**