BURY CHILDREN’S DISABILITY REGISTER
Registration Form

Bury Council is required by the Children Act 1989 to keep a register of children with disabilities living in Bury. By registering your child you will be providing us with information on the needs of your child and your family to enable us to plan for the future and improve the quality of life for children with disabilities living in Bury. The Bury Children’s Disability Register (BCDR) is a voluntary register for children and young people with a disability or impairment, aged 0-18 years and living in Bury.

About the child or young person

Full Name

Full Address:

Gender: Male / Female

Date of Birth

Child’s Religion

Family’s First Language

School / College that the child / young person attends

Ethnic origin of the child or young person – please choose one option

White: British
White: Irish
White: Traveller or Irish Heritage
White: Gypsy
White: Other (Please state)

Mixed: White and Black Caribbean
Mixed: White and Black African
Mixed: White and Asian

Mixed: Other (Please state)

Asian: Indian
Asian: Pakistani
Asian: Bangladeshi

Asian: Other (Please state)

Black: Caribbean
Black: African
Black: Other (Please state)

Other: Chinese
Prefer not to say

Other: (Please state)

About the parent / carer

Title
Mr / Mrs / Miss / Ms

Name:

Full Address:
If different from above
About the parent / carer...continued

<table>
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<th>Telephone number:</th>
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<tbody>
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<td>Mobile number:</td>
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<td>Email address:</td>
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Disability and diagnosis of the child or young person
Please tick all those that apply

- **A diagnosis of an Autistic Spectrum Disorder**
  - including: Autism and Asperger syndrome

- **Behaviour**
  - including: Social and Emotional difficulties, ADHD / ADD /ODD

- **Communication**
  - including: speech and language disorders

- **Developmental Delay**
  - developmental difficulties with no formal diagnosis

- **Hearing Impairment**

- **Learning**
  - including: moderate or severe learning difficulties, Dyslexia, Dyspraxia

- **Mobility Difficulty/ Physical Disability**

- **Visual Impairments**

- **Syndrome / Chromosome disorder**
  - name/type: 

- **Other condition not mentioned above**
  - please give details:

Support services the child or young person is in contact with:
Please tick all those that apply

- Residential short breaks
- Short breaks with a family (i.e. shared care)
- Home/School transport
- Other : please give details

I agree for this information about my child to be stored on a register of children who are disabled. I understand that the information provided may be shared with other agencies in the area for the purpose of joint planning.

I understand that this register is a voluntary one and I confirm I have been told that I or my child may request at any time for the information to be removed.

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<thead>
<tr>
<th>Name</th>
<th>Relationship to Child</th>
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<tbody>
<tr>
<td>Signed</td>
<td>Date</td>
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