Child/Young Person's Details

Child/Young Person's Details	
First name/s *	
Surname *	
Date of Birth *	
Address *	
Post Code *	

Male		Female		Ethnicity Code (please insert code)	

A White British	**B** White Irish	**C** Traveller of Irish Heritage
D Any Other White Background	**E** Other Ethnic Groups	**F** White & Black Caribbean
G White and Black African	**H** White and Asian	**I** Any Other Mixed Background
J Indian	**K** Pakistani	**L** Bangladeshi
M Any Other Asian Background	**N** Black Caribbean	**O** Black African
P Any Other Black Background	**Q** Chinese	**R** Any Other Ethnic Group
S I do not wish to Answer		

Child/Young Person's Additional Need

Additional Needs (please tick all that apply):

Diagnosed Autism/Aspergers		Developmental Delay		Hearing Impairment	
Learning Difficulty		Medical Condition		Physical Impairment	
Speech/Language Difficulty		Visual Impairment		Mental Health Condition	
Social & Emotional Needs i.e. ADD/ADHD/ODD/OCD				Other	

If your child has an additional need or disability which has been diagnosed by a professional please give details:	

Do you consider this to be:	Mild		Moderate		Severe	

Is your child in receipt of Disability Living Allowance or PIP*:

Yes		No		In Progress	

Child/Young Person's Education					
Does your Child have an Individual Education Plan/Support Plan at school/college?					
Yes		No		In Progress	
Does your Child have a Statement of Educational Needs or Education Health and Care Plan?					
Yes		No		In Progress	
Name of Current Playgroup/Nursery/School/College:					

Parent/Carer Information	
Title*	
First name/s*	
Surname*	
Relationship to Children*	
Telephone Number*	
Mobile Number	
Email*	

Consent Statement

We will always handle and share the information using the guidelines set out in the Data Protection Act 1998, unless it would put the person at risk. Information on individuals will only be shared for consultation purposes for example if the Council or Health Service Officers would like us to contact you about changing services.

Unless you tell us otherwise (see below) we will share the information that you give us with other professionals and partners to help provide targeted services and support to you. Examples of these are Adult's Services, Health, Education and the Voluntary Sector.

Please tick one of the following:

- ☐ I am happy for this information to be shared with other professionals and partners
- ☐ I am happy for this information to be shared with other professionals and partners, with any personal details removed
- ☐ I am not happy for this information to be shared with other professionals and partners
- ☐ Parent Carers Together: I wish to opt out of registration

Signed *	
Date *	

*** required information**