

The Sheffield Child Disability Register (formerly Index of Children and Young People with Disabilities)

Data Input
Form
Confidential



The Child Disability Register (CDR) is a voluntary record for children and young people, aged 0-19 years, with disabilities and additional needs. Data collected through the Index will be securely held on a computerised database, and used to assist in the planning and co-ordination of services. Please print clearly and tick any relevant boxes.

Section 1 - PERSONAL DETAILS OF CHILD/YOUNG PERSON

1.1 First Name Surname

1.2 Address
Postcode email

Telephone (home) Mobile

1.3 Date of Birth

1.4 NHS number (this is the 10 digit number on your Medical Card – eg.444 309 5063). If you don't have this we can find it out for you

.....

1.5 Sex Male Female

1.6 Ethnic Group

<p>White:</p> <p>British <input type="checkbox"/></p> <p>Irish <input type="checkbox"/></p> <p>Gypsy/Traveller <input type="checkbox"/></p> <p>Other European (please write in)</p> <p>Other White background <input type="checkbox"/> (please write in)</p>	<p>Mixed/ Dual Heritage:</p> <p>White and Black Caribbean <input type="checkbox"/></p> <p>White and Black African <input type="checkbox"/></p> <p>White and Asian <input type="checkbox"/></p> <p>Other mixed background (please write in).....</p>
<p>Asian or Asian British:</p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Other Asian Background (please write in).....</p>	<p>Black or Black British:</p> <p>Caribbean <input type="checkbox"/></p> <p>Somali <input type="checkbox"/></p> <p>Other African background <input type="checkbox"/></p> <p>Other Black background (please write in).....</p>
<p>Chinese or Chinese British:</p> <p>Any Chinese background (please write in).....</p>	<p>Other Ethnic Group:</p> <p>Yemeni <input type="checkbox"/></p> <p>Other ethnic group (please write in)</p>

1.7 Living Situation

Does the child live with:

Parents Foster Carer Residential School
Shared Care Residential Home

Section 2 - PERSONAL DETAILS OF PARENT/MAIN CARER

2.1 First Name Surname
Title (Mr, Mrs, Ms, Miss, Dr etc) Relationship to Child
Address (if different to above)
Postcode Telephone

2.2 Are you a lone parent? Yes No

2.3 Language Requirements for Information and Advice - PARENT/CARER

Do you require an interpreter? Yes No

Language used at home

Do you prefer information to be explained personally? Yes No

Section 3 - PERSONAL DETAILS OF SECONDARY CARER

3.1 First Name Surname
Title (Mr, Mrs, Ms, Miss, Dr etc) Relationship to Child
Address (if different to above)
Postcode Telephone

3.2 Language Requirements for Information and Advice

Do you require an interpreter? Yes No

Language used at home

Do you prefer information to be explained personally? Yes No

Section 4 - REASON FOR BEING ON INDEX / DESCRIPTION OF DISABILITY

4.1 From the options listed below please tick whichever best describes your child's current health condition. Tick as many as you feel apply to your child.

- | | | | |
|---|--------------------------|--|--------------------------|
| Autistic Spectrum Disorder | <input type="checkbox"/> | Physical Disability | <input type="checkbox"/> |
| Behavioural, Emotional & Social Difficulties | <input type="checkbox"/> | Hearing Impairment | <input type="checkbox"/> |
| Moderate Learning Difficulties | <input type="checkbox"/> | Visual Impairment | <input type="checkbox"/> |
| Profound and Multiple Learning Difficulties | <input type="checkbox"/> | Multi-sensory Impairment | <input type="checkbox"/> |
| Severe Learning Difficulties | <input type="checkbox"/> | Speech, Language or Communication Difficulties | <input type="checkbox"/> |
| Specific Learning Difficulties (including Dyslexia & Dyspraxia) | <input type="checkbox"/> | Other (Please write in)..... | <input type="checkbox"/> |

4.2 Please list the names of any Consultants involved in the care of your child, along with the Clinic and Hospital where they are seen, e.g. Dr X at the Eye Clinic at Sheffield Children's Hospital

4.3 Does the child/ young person use a wheelchair/special buggy? Yes No

Section 5 - PERSONAL ATTENTION REQUIRED

5.1 Where your child requires significantly more attention than other children of a similar age please tick all that apply.

- | | | | |
|--|--------------------------|---|--------------------------|
| Mobility (walking/moving about) * | <input type="checkbox"/> | Relating to others | <input type="checkbox"/> |
| Picking things up/ holding pencil | <input type="checkbox"/> | Controlling challenging behaviour | <input type="checkbox"/> |
| Eating or drinking | <input type="checkbox"/> | Overcoming anxiety | <input type="checkbox"/> |
| Washing/bathing/showering | <input type="checkbox"/> | Behaviour | <input type="checkbox"/> |
| Using toilet | <input type="checkbox"/> | Learning ability | <input type="checkbox"/> |
| Dressing | <input type="checkbox"/> | Hearing | <input type="checkbox"/> |
| Vision | <input type="checkbox"/> | Social & emotional skills | <input type="checkbox"/> |
| Sleeping (night supervision needed?) | <input type="checkbox"/> | Expressing needs/ being understood/
Understanding others | <input type="checkbox"/> |
| Using equipment (e.g. suction/ oxygen
Naso gastric feeding) | <input type="checkbox"/> | Taking tablets/ medications etc. | <input type="checkbox"/> |

* If your child has mobility problems does this apply mainly to walking & moving about indoors or outdoors?

Section 6 – Education

6.1 Does the child/ young person have a Statement of Special Educational Needs or an Education, Health and Care (EHC) Plan? Yes No

6.2 Which School/ Pre-school does the child/ young person attend?
Name of School/ Nursery

Section 7 - Transport

7.1 Do you or the child / young person, have a Blue Badge for a car/transport/parking permit (formerly an Orange Badge)?

Yes No

7.2 Does the child / young person have a mobility bus pass?

Yes No

Section 8 – BENEFITS

8.1 Does the child/ young person receive Disability Living Allowance or Personal Independence Payment?

8.2 If yes, what rate do they receive? Care no low mid high

Mobility no low high

Section 9 - FURTHER INFORMATION

9.1 Has your child received a Short Break through the council? Yes No

9.2 **Sheffield SEN & Disability Information, Advice and Support (SENDIAS) has a wide range of information resources for parents and carers including:**

Disability specific information packs

Short Breaks

Leisure activities

Financial help/ grants, e.g. Family Fund

Childcare

Toddler Groups

Holiday Playschemes

Support Groups

Disability Living Allowance (DLA)

Would you like us to pass your contact details to Sheffield SEN & Disability Information, Advice and Support Service (SENDIAS) so that they can contact you about their service and your information needs? Please tick one of the following options:

- **Yes, I'd like Sheffield SEN & Disability Information, Advice and Support (SENDIAS) to contact me, you may pass my contact details to them (we will pass on your name, telephone number(s) and email address as applicable)**
- **No, do not share my details with Sheffield SEN & Disability Information, Advice and Support (SENDIAS)**

Section 10 – Consent

Please ensure that you read this section carefully.

I agree that the information I have supplied will be used to:

- Help me / my child get disability services. I understand that this may necessitate sharing my child's details with the Local Authority in some instances (eg. to check my child's eligibility for Local Authority services such as the Mobility Travel Pass), although I understand that completion of the questionnaire and being on the CDR does not mean I will automatically receive a service.
- Help Education, Health and Social Services to provide disability services. Give statistical information for planning and research purposes to organisations such as voluntary agencies, local and national government, health authorities and those carrying out research approved by the partner agencies.
- Give me / my child newsletters and other relevant up to date information on services, benefits and support groups etc. Provide me / my child with a copy of the information about us held on the Index. Provide my child with a Membership card to the CDR.

Where I have given you information about other people (carers etc.) I know they are happy for me to do this.

I agree to the CDR Co-ordinator accessing my child's medical records to find out basic information such as NHS numbers etc. that I could not provide. I also give you my consent to pass on personal named information to relevant professionals who are responsible for providing services to me / my child, including where relevant the Sheffield Case Register (the Learning Disability Register for Sheffield).

Signature of Parent/Main Carer Date

Name of worker who assisted with form (if applicable)

Please tell us how you heard about the Index

Section 11 – Newsletter

Please note that if you have provided an email address you will automatically receive the What's Going On newsletter electronically, rather than by post. The newsletter is also available to view on the CDR website at www.sheffieldchildrens.nhs.uk/our-services/child-disability-register.htm



Please attach a stamp and return your completed questionnaire to **Sheffield Child Disability Register, The Ryegate Children's Centre, Tapton Crescent Road, Sheffield, S10 1DD**