

REGISTRATION FORM FOR SHORT BREAKS FOR DISABLED CHILDREN IN NORTH LINCOLNSHIRE

PLEASE COMPLETE THIS FORM IN ORDER TO REGISTER YOUR
CHILD FOR SHORT BREAKS WITHIN NORTH LINCOLNSHIRE.

PERSONAL DETAILS

Name of Child / Young Person	
D.O.B:	Contact Telephone Number:
N.H.S. Number:	
School/ nursery/ preschool attended:	
Home Address:	
	Post Code:
Email address:	
Name of Parent/Carer:	
Mr Mrs Miss	
Name of person completing this form	
Relationship to child	
Do any other members of the household have a disability, if so who?	
Childs Ethnicity	
Language Spoken:	
Do you require an interpreter: Yes/No	

CHILD/YOUNG PERSONS DISABILITY

Please tell us about your child's/ young person's disability, including any diagnosis. Please detail if disability not yet diagnosed.

What is the impact of your child's/ young person's disability on daily living/ functioning? (For example personal care/ mobility)

Please tell us any additional health needs your child/young person has and how these are managed E.G. allergies/ epilepsy /rescue medication.

North Lincolnshire Council are pleased to introduce the **Max Card** to families who are registered on the Disabled Children’s Voluntary Database.

By ticking this box you are confirming that you are registered on the Disabled Children’s Voluntary Database and have provided evidence of your child’s condition or diagnosis in the form of a Health Professionals report or clinic letter with this registration form.

Once the completed registration form is return, you will be sent a Max Card through the post. For details on what offers are available through the Max Card please visit www.mymaxcard.co.uk

Have you provided evidence of your child’s/ young person’s disability within this registration? (Please tick) This may be required.

Yes	
No	

Has an Early Help Assessment been completed, if yes please state who completed this.

Yes	
No	

SPECIAL EDUCATIONAL NEEDS

Does your child or young person have a Statement of Special Educational Needs, or an Education, Health and Care plan?
Yes
No
If yes, at what Band? (Statements only)
If your child/young person is aged over 16yrs old, and their statement has ceased, at what Band was that statement issued?

BENEFITS – THIS SECTION IS NOT FOR ANY OTHER PURPOSE THAN INFORMING US OF THE LEVEL OF DISABILITY/MOBILITY OF YOUR CHILD/YOUNG PERSON.

Are you in receipt of any benefits in relation to your child?
(Please tick)

Yes
No

Has DLA been applied for but not yet awarded?

Yes
No

Has DLA been awarded? (If yes please complete below)

Yes
No

Please tick appropriate boxes

DLA Care Component

DLA Mobility Component

Higher Rate			Higher Rate	
Middle Rate			Lower Rate	
Lower Rate				

NOTES

- 1) If you require any help in completing this form please contact the Short Breaks Team on the telephone number below.
- 2) We will acknowledge receipt of your completed form within 5 working days.
- 3) If any additional information regarding your child is required, an officer from the Short Breaks Team will contact you, within 10 working days from receipt of your registration.
- 4) When your allocation of short breaks has been finalised, we will send you an information pack detailing the number of Short Break hours your child has been allocated and where and how these can be used. You will also be given a unique Short Break Registration Number. You will need this number in order to access services.
- 5) Information within this form will be used for Short Breaks purposes only and will be treated confidentially.

By ticking this box you give consent for North Lincolnshire Council to store information provided in this form for the monitoring of Short Breaks. Information will be kept in line with the Data Protection Act 1998.

PLEASE RETURN COMPLETED FORMS USING THE SELF ADDRESSED ENVELOPE:

Virtual School & Inclusion – Disability Service
 Brumby Centre
 Grange Lane North
 Scunthorpe
 North Lincolnshire
 DN16 1BN

Tel: 01724 407988

No English?**For information please call:**

08000 193530 للحصول على المزيد من المعلومات اتصل بـ: (Arabic)

তথ্যগুলি বাংলায় জানতে হলে এই নম্বরে ফোন করুন: 08000 193531 (Bengali)

欲知粵語版的消息，請致電：08000 193532 (Cantonese)

हिन्दी में जानकारी के लिये 08000 193533 पर फोन करें (Hindi)

.بکه 08000 193537 به کوردی سۆزانی تەلەفۆن بۆ ژماره (Kurdish Sorani)

Para mais informação em português contacte-nos através do telefone 08000 193538 (Portuguese)

ਪੰਜਾਬੀ ਵਿਚ ਜਾਣਕਾਰੀ ਲਈ 08000 193539 'ਤੇ ਫੋਨ ਕਰੋ (Punjabi)

"Warbixinta oo af Soomaali ah wac 08000 193540" (Somali)

08000 193541 اردو میں انفارمیشن کے لیے اس ٹیلیفون نمبر پر رابطہ فرمائیں۔ (Urdu)

Nie mówisz po angielsku? Po informacji zadzwoń pod numer 08000 195587 (Polish)

Не знаете английский? Для информации звоните 08000 195586 (Russian)

For information in large print, audio, Braille or to request a signer to speak to us please contact 01724 296296**Virtual School & Inclusion – Disability Service OFFICE USE ONLY:**

SECTION 1 – TO BE COMPLETED BY BUSINESS SUPPORT		
Date Received		initials
Date Acknowledgement letter sent		initials
CareFirst Yes/No	Number	initials
Locality		initials
SECTION 2 - TO BE COMPLETED BY SHORT BREAKS CO-ORDINATOR		
Initial Comments of Short Break Co-ordinator a) More info required yes/no b) Is initial contact with parent/carer required? yes/no	Personal details: Child's disability: Statement: Professionals involved: Outcome of contact:	
SECTION 3 – TO BE COMPLETED BY SHORT BREAKS CO-ORDINATOR		
Category	A	B C
Short Break Registration Number Issued	Number:	Date of issue:
Allocated SB worker	Worker:	Date of allocation:
Date Allocation Letter and SB information sent		
Date of sign off	Date:	Signature:
Date passed to BST		