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

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

<table>
<thead>
<tr>
<th>White:</th>
<th>Mixed/ Dual Heritage:</th>
</tr>
</thead>
<tbody>
<tr>
<td>British □</td>
<td>White and Black Caribbean □</td>
</tr>
<tr>
<td>Irish □</td>
<td>White and Black African □</td>
</tr>
<tr>
<td>Gypsy/Traveller □</td>
<td>White and Asian □</td>
</tr>
<tr>
<td>Other European (please write in) ..............................................</td>
<td>Other mixed background (please write in) ..............................................</td>
</tr>
<tr>
<td>Other White background (please write in) ..............................................</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Asian or Asian British:</th>
<th>Black or Black British:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indian □</td>
<td>Caribbean □</td>
</tr>
<tr>
<td>Pakistani □</td>
<td>Somali □</td>
</tr>
<tr>
<td>Bangladeshi □</td>
<td>Other African background □</td>
</tr>
<tr>
<td>Other Asian Background (please write in). ..............................................</td>
<td>Other Black background (please write in). ..............................................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chinese or Chinese British:</th>
<th>Other Ethnic Group:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Chinese background (please write in). ..............................................</td>
<td>Yemeni □</td>
</tr>
<tr>
<td>Other Ethnic Group (please write in) ..............................................</td>
<td></td>
</tr>
</tbody>
</table>

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 ☐
- Physical Disability ☐
- Behavioural, Emotional & Social Difficulties ☐
- Hearing Impairment ☐
- Moderate Learning Difficulties ☐
- Visual Impairment ☐
- Profound and Multiple Learning Difficulties ☐
- Multi-sensory Impairment ☐
- Severe Learning Difficulties ☐
- Speech, Language or Communication Difficulties ☐
- Specific Learning Difficulties (including Dyslexia & Dyspraxia) ☐
- Other (Please write in) ..............................................................

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 ..............................................................
...........................................................................................................
...........................................................................................................
...........................................................................................................
...........................................................................................................
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) * ☐
- Picking things up/ holding pencil ☐
- Eating or drinking ☐
- Washing/bathing/showering ☐
- Using toilet ☐
- Dressing ☐
- Vision ☐
- Sleeping (night supervision needed?) ☐
- Using equipment (e.g. suction/ oxygen Naso gastric feeding) ☐

- Relating to others ☐
- Controlling challenging behaviour ☐
- Overcoming anxiety ☐
- Learning ability ☐
- Behaviour ☐
- Social & emotional skills ☐
- Expressing needs/ being understood/ Understanding others ☐
- Taking tablets/ medications etc. ☐

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

- Disability specific information packs
- Short Breaks
- Toddler Groups
- Leisure activities
- Holiday Playschemes
- Support Groups
- Financial help/grants, e.g. Family Fund
- Disability Living Allowance (DLA)
- Childcare

Would you like us to pass your contact details to Sheffield SEN & Disability Information, Advice and Support Service (SSENDIAS) 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 (SSENDIAS) 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 (SSENDIAS) ☐

**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