

**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 <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>	
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 Education, Health and Care plan?

Yes
No

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:

Access & 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)

بۆ زانیاری به کوردی سۆزانی تەلەفۆن بۆ ژماره 08000 193537 بکە. (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)

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

Access & 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		
Comments of Short Breaks worker:		
SECTION 3 – TO BE COMPLETED BY SHORT BREAKS		
Short Break Registration Number Issued	Number: SB -	Date of issue:
Type of Short Break	Group Based	Individual Short Break
Allocation	No. of Sessions	No. of Hours/Sessions
Date received by Admin		initials
Date registration form re-scanned		initials
Date when entered on spreadsheet		initials