

REGISTER FOR CHILDREN AND YOUNG  
PEOPLE WITH DISABILITIES

REQUEST FOR REGISTRATION

*The information from this document will be used to help us  
to help you and your child with disabilities*

CONFIDENTIAL

Please return this completed form in a sealed envelope to:  
Tracy Imms  
Children & Young People's Disability Register Coordinator  
Special Educational Needs Service  
Education, Learning & Skills, Children, Adults & Health  
London Borough of Lambeth  
10th Floor, International House  
Canterbury Crescent  
London  
SW9 7QE  
Tel: 0207 926 9140

**For Office Use Only**

Register ID Number:

.....

**What is the register?**

It is a voluntary register of the children and young people aged 0-18 years with a disability who live in the borough of Lambeth.

**What is it for?**

The Children Act 1989 requires the Local Authority to keep a register of children and young people with disabilities. The register will enable us to plan and support appropriate, local services for disabled children and young people.

**What are the benefits of registering?**

The Local Authority will use the information from the register to plan services to ensure that resources are used effectively.

Your views are important to us. We will use your views to improve and develop services to achieve better outcomes for children and young people with disabilities in Lambeth.

We will send you up to date information on a regular basis.

The child or young person will receive a 'Liberty' card which identifies them as having a disability. This card is acknowledged and supported by local and national organisations, companies and facilities, a list of which is sent with the card.

**Who can see the information on the register?**

The register is kept on a database. Statistical information – figures only with no names – is given to organisations who ask for it. Personal information can only be given to certain people in Health, Education or Social Services who need to know it. We would not share any information if you do not give consent.

**Who can register?**

You can register your child if he/she is under 18 years of age, has a disability and lives in Lambeth. We would like the parents of all children who have a disability to register their child so we can make the best plans for the future. No one has to register if they do not want to.

If you choose to register you can leave out any questions you are not happy with.

**What information do we need?**

It is very important for us to understand what life is like with your child and what you need to do for them on a daily basis, so please complete Q11 on page 5 providing as much detail as possible.

**Who should fill in the form?**

The application can be completed by the parent/carer/guardian of a disabled child **or** if you are a disabled young person aged 16 to 18 years you can fill it in yourself.

Registration is voluntary. You do not need to be on the register in order to be assessed or receive services.

You can request to be removed from the register at any time by contacting us directly.

Registration does not automatically mean that your child is eligible for services; each application will be assessed on each individual's needs.

Please provide the following information about the Child or Young Person to be registered:

**1. Child's Details:**

Surname or family name:						
First name:						
Middle name/s						
Preferred name:						
Gender:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	(Check one box)	
Date of Birth:	Day		Month		Year	

**2. Address where the Child lives:**

Address:					
Post code:		Tel No:			
Email:		Mobile:			

**3. Child's Parents/Guardians/Carers:** *(please provide details of both parents - if the child is not living with parents, please also give details of his/her current carer)*

**(a) 1st Parent/Guardian:**

Name:						
Address:						
Post code:		Tel No:				
Email:		Mobile:				
Preferred language:						
Date of Birth:	Day		Month		Year	
Relationship to child:			Other:			

**(b) 2nd Parent/Guardian:**

Name:						
Address:						
Post code:		Tel No:				
Email:		Mobile:				
Preferred language:						
Date of Birth:	Day		Month		Year	
Relationship to child:			Other:			

**(c) Current Carer:** *(if child not living with parents)*

<b>Name:</b>						
<b>Address:</b>						
<b>Post code:</b>			<b>Tel No:</b>			
<b>Email:</b>			<b>Mobile:</b>			
<b>Preferred language:</b>						
<b>Date of Birth:</b>	<b>Day</b>		<b>Month</b>		<b>Year</b>	
<b>Relationship to child:</b>			<b>Other:</b>			

**4. Correspondence to be addressed to:** *(if different from parent/guardian/carer)*

<b>Name:</b>						
<b>Address:</b>						
<b>Post code:</b>			<b>Tel No:</b>			
<b>Email:</b>			<b>Mobile:</b>			

**5. Child's Ethnicity:**

<input type="checkbox"/> White British	<input type="checkbox"/> White Irish
<input type="checkbox"/> Other White Background: .....	
<input type="checkbox"/> Mixed White and Black Caribbean	<input type="checkbox"/> Mixed White and Black African
<input type="checkbox"/> Mixed White and Asian	<input type="checkbox"/> Other Mixed Background: .....
<input type="checkbox"/> Asian or Asian British Indian	<input type="checkbox"/> Asian or Asian British Pakistani
<input type="checkbox"/> Asian or Asian British Bangladeshi	<input type="checkbox"/> Other Asian Background: .....
<input type="checkbox"/> Black or Black British Caribbean	<input type="checkbox"/> Black or Black British African
<input type="checkbox"/> Other Black Background: .....	
<input type="checkbox"/> Chinese	<input type="checkbox"/> Any Other Background: .....

**6. Child's Religion:**

<input type="checkbox"/> Buddhist	<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim
<input type="checkbox"/> Sikh	<input type="checkbox"/> No Religion	<input type="checkbox"/> Other, please specify: .....		

**7. Child's GP:**

GP's Name:			
Surgery: Address:			
Post code:		Tel No:	
Child's NHS/Hospital No:			

**8. Child's Language:**

What language/s does the child normally use?			
How does he/she communicate with you?			
Does he/she use a sign language?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
If so, which?			
Does he/she use another form of communication?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
If so, what?			

**9. Child's pre-school group, school or college:**

Name:			
Address:			
Post code:		Tel No:	
Contact:		Title:	

Has the child been assessed for an Education Health Care Plan (EHCP)	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Has he/she received an Education Health Care Plan (EHCP)	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Is he/she 5 years old or more and without a school placement?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Is he/she being educated at home?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No

**10. Please tell us about your child's area/s of difficulty: (check all of those that apply)**

If the child is over 4 years old, is he/she still in nappies, either part or all of the time?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Has he/she received a diagnosis on the Autistic Spectrum or of Autistic Spectrum Disorder (ASD)? (including Asperger Syndrome)	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Has he/she received a diagnosis of ADHD?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Does he/she have fits? (epilepsy or seizure disorder)	<input type="checkbox"/>	Yes	<input type="checkbox"/> No

**Area/s of difficulty, continued:** (check all of those that apply)

<b>Mobility</b>	
Is he/she able to walk but only with aids and assistance?	<input type="checkbox"/>
Does he/she use a wheelchair or specially adapted buggy?	<input type="checkbox"/>

<b>Using Hands</b>	
Does he/she experience considerable difficulty in using hands, e.g. holding spoon or pencil?	<input type="checkbox"/>
Is he/she unable to use hands for most tasks?	<input type="checkbox"/>

<b>Communication</b>	
Does he/she have delayed or disordered communication, or is he/she unable to use speech interactively?	<input type="checkbox"/>
Does he/she use little or no speech, but is able to communicate basic needs?	<input type="checkbox"/>
Is he/she unable to communicate needs by any means?	<input type="checkbox"/>

<b>Learning Disabilities</b>	
Does he/she have moderate learning disabilities	<input type="checkbox"/>
Does he/she have severe learning disabilities / complex needs?	<input type="checkbox"/>

<b>Personal Care</b> (if over 5 years old)	
Does he/she need to be supervised for washing, dressing and feeding?	<input type="checkbox"/>
Does he/she need physical assistance for washing, dressing and feeding?	<input type="checkbox"/>

<b>Behaviour</b>	
Does he/she need to be supervised during the day to keep safe?	<input type="checkbox"/>
Does he/she need specialist support at nursery or school?	<input type="checkbox"/>
Does he/she need constant supervision day and night?	<input type="checkbox"/>

<b>Hearing impairment</b>	
Does he/she have significant hearing loss, but able to function with a hearing aid (41-70db)?	<input type="checkbox"/>
Does he/she have severe hearing loss (>71db)?	<input type="checkbox"/>

<b>Visual impairment</b>	
Does he/she have severe loss of vision restricting mobility, or is registered partially sighted?	<input type="checkbox"/>
Is he/she registered as blind?	<input type="checkbox"/>

<b>Long term illness or condition</b>	
Does his/her condition interfere with daily activities?	<input type="checkbox"/>
Is he/she unable to take part in any social or educational activity?	<input type="checkbox"/>

**11. Please describe the child's special needs/difficulties/disabilities and how they impact on daily and family life:** *(provide as much detail as possible and include any significant behavioural difficulties)*

*(continue on a separate sheet if necessary)*

**12. Services and benefits:**

Are you on a waiting list for any services? <i>(including therapies)</i>		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
If yes, which and when was service applied for?						
Are there any other services that you would find helpful?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
If yes, which?						
Do you believe you are receiving all the benefits you are entitled to?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Sure
Is the child receiving Disability Living Allowance (DLA):						
Care Component?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Mobility Component?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		

**13. Name of professional (e.g. teacher, health specialist, Portage worker, keyworker) who knows your child and who we can contact for further information if necessary:**

Name:			
Address:			
Post code:		Job Title:	
Email:		Tel No:	

**14. Declaration:**

I would like this child to be considered for registration. I understand that you may need to share personal information with other organisations.

Signed:..... Parent / Guardian

Name: ..... Date: .....

Thank you for the time and trouble you have taken to complete this form. If you would like to add any further details, or comment on the questions asked, please use the space below. Your comments and opinions will be noted. If you have provided any supporting documents, please list them below.



# The Liberty Card

When your child/young person is placed on the disabilities register, he or she will receive a Liberty card. The Liberty card will allow the card holder to receive discounted admission to participating venues across the UK. These will include days out at large attractions, zoos, farms and local amenities.



To use the card, families will simply show it upon entry to a venue in order to obtain free or discounted admission.

Card holders must be aged between 0-18 years and must respect terms and conditions at venues.

The card is the property of the child or young person registered. There is no name or photograph on the card for safeguarding reasons. A unique number will be allocated upon registration and is printed on the front of the card. If verification is necessary, the name and contact details of the register coordinator is on the reverse of the card. If you have more than one child or young person with a disability, you will need to complete a separate application.

The Liberty card will be valid for three years. The month before the card expires, you will need to update your child or young person's details by completing a new application form. The expiry date is shown on the reverse of the Liberty card.

We encourage all of Lambeth's children and young people with disabilities to join the register. This will enable us to plan and develop our services and also help to provide stimulating learning experiences and enjoyable days out.

For further information, please contact:

**Tracy Imms**

**Children and Young People's Disability Coordinator**

**Early Years Alliance**

Special Educational Needs & Disability

Education Learning and Skills

Children's Services

London Borough of Lambeth

10<sup>th</sup> Floor, International House

Canterbury Crescent

Brixton

SW9 7QE

Tel: 0207-926-9140

Mob: 07740 745580

Email: [Liberty@lambeth.gov.uk](mailto:Liberty@lambeth.gov.uk)

[www.lambeth.gov.uk](http://www.lambeth.gov.uk)

## What happens next?

Please return the completed form to:

Tracy Imms  
Children and Young People's Disability Coordinator  
London Borough of Lambeth  
10<sup>th</sup> Floor, International House  
Canterbury Crescent  
Brixton  
SW9 7QE

- The details you have given on this form will be put onto a database. This information is confidential and is protected by law (Data Protection Act 1998).
- Your application will be reviewed by the Early Years Alliance Manager and a Paediatrician. Should they need further information in order to make a decision, they will contact you. If approved, we will add your child to the Disabled Children, Young People and Carers Register and issue your child with a Liberty Card.
- We will send you a copy of the information held on the register on a regular basis to check that it is up to date and correct. We ask that you let us know of any changes, such as address, telephone number, school, etc.
- From time to time we will send you information which may be of help to you – this will not be commercial information.
- We will keep you informed about plans for service developments and changes in the future.

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### For Office Use Only

Category for Registration (*to be completed by authorised professional*)

- |  |   |                                 |                                   |
|--|---|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Moderate Physical Disability  | <input type="checkbox"/> Severe Physical Disability   |                                 |                                   |
| <input type="checkbox"/> Severe Learning Disability    | <input type="checkbox"/> Moderate Learning Disability |                                 |                                   |
| <input type="checkbox"/> Hearing Impairment            | <input type="checkbox"/> Communication Disorder       |                                 |                                   |
| <input type="checkbox"/> Profound Multiple Disability  | <input type="checkbox"/> Sight Impairment             |                                 |                                   |
| <input type="checkbox"/> Serious Mental Health Problem | <input type="checkbox"/> Behaviour                    |                                 |                                   |
| <input type="checkbox"/> Mild                          | <input type="checkbox"/> Moderate                     | <input type="checkbox"/> Severe | <input type="checkbox"/> Profound |

Approved by:..... (Signed)

Name: ..... Date: .....