****



**Wakefield’s**

**Information Network**

**Name of Child ………………………………………………………………………….**

I agree to my name and details about my child being included on the Information Network for the Wakefield District.

 Yes No Please tick

|  |  |
| --- | --- |
|  |  |

I would like to be sent any other information that is relevant to families caring for a child with additional needs.

 Yes No Please tick

|  |  |
| --- | --- |
|  |  |

I would like information to be sent to me: (please tick one)

through the post………………………………………

by email contact………………………………………………

**Signed** …………………………………………………. **Parent/Guardian**

**Date** …………………………………………………….

Please return to:

Information Network, KIDS WeSail, Office Suite 7, Bizspace Business Park, Denby Dale Road, Wakefield. WF2 7AZ **INFORMATION NETWORK**

(For parents/carers who care for a disabled child and relevant professionals**)**

Please complete all sections of this form as fully as possible

|  |  |  |
| --- | --- | --- |
|  |  |  |
| I am a Parent/Carer of a disabled child/ child with additional needs **Forename**  ……………………………………..…………… |
| **Surname** ……………………………………………………**Home Address:** …………………………………………………… ………………………………………………….... …………………………………………………….**Postcode:**  ……………………………………………………**Telephone Number** ………………………………………………….**Mobile** ………………………………………………….**Email address**  …………………………………………………**Relationship to child** ……………………………………………..**Details about your child****Forename** ……………………………………………………**Surname** ……………………………………………………. |
| **Male** |  |  **Female** |  |  **(Please tick box)** |
|  |  |  |  |  |
| **Date of Birth** |  |  |  |  |  |  |  |  |  e.g. 21 06 1988 |
|  |  |  |  |  |  |  |  |  |  |
|  |

**More about your child**

|  |
| --- |
| **Please tick all the box(es) which best describe your child’s additional needs:** **Learning Disability** MildModerateSevere**Physical Disability**MildModerateSevere**Sensory Impairment**Visual impairmentHearing Impairment**Mental Health Concern**MildModerateSevere**If your child has a diagnosis, or is awaiting one, please give details below:**…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

|  |
| --- |
| **Education**Please tick as appropriate and give details (e.g. Name of School) |
| Attends |  |  | School |  |
|  |  |  | Playgroup |  |
|  |  |  | Nursery |  |
|  |  |  | College |  |
|  |  |  | Employed |  |
|  |  |  | At Home |  |
| **Is there a Statement of Special Educational Needs? Yes/No****Or an Educational Health Care Plan ?** **Yes/No** |

|  |
| --- |
| **Other Child Details**Ethnic Origin (Please tick box) |
| 1 |  | White | 2 |  | Black Caribbean | 3 |  | Black African |
|  |  |  |  |  |  |  |  |  |
| 4 |  | Black Other | 5 |  | Indian | 6 |  | Pakistani |
|  |  |  |  |  |  |  |  |  |
| 7 |  | Bangladeshi | 8 |  | Chinese | 9 |  | Other (Please specify) |
| Language usually used at home ……………………………………………Child’s Religion ………………………………………………………………. |

**Data Protection.**

KIDS will use your personal details to give you the best possible service in terms of sending out newsletters and information that you may find useful.

We will share some or all of the information you have supplied with Wakefield Council and with NHS Wakefield District. We only do this in order to inform their planning and so improve their service to you. Should you have any queries about how we process your data, or wish to see what information we are holding about you, then please write to the Information Network, KIDS WeSail, Office Suite 7, Bizspace Business Park, Denby Dale Road, Wakefield. WF2 7AZ.

We will share your personal details with Wakefield Council to enable them to plan services. Information you send us about where you live will be used so that Wakefield Council can make sure that the services they plan are in the right place.