**Information Network / Disabled Children Register**

**Application Form**

The Information Network (IN) is what Wakefield Council calls the Disabled Children’s Register (DCR).The Council has a statutory duty to keep and update the register under the Children’s Act 1989, although it is voluntary for people to join it.

The details you provide can also allow us and our partners, Family Action, and Wakefield Parent Carer Forum to contact you about support, services, and events you may be interested in taking part in. You can tell us if you want to receive this information or not by filling in Section 1. Consent.

You can also decide if you would like your details to be shared with Family Action to receive the local area newsletter issued each term.

For more information about this please see section 2in the IN-Privacy Notice.

**Ways to view the Privacy Notice**

Visit: Wakefield Local Offer <https://wakefield.mylocaloffer.org/information-network/how-will-you-share-the-information/> or scan the QR code below:



You can join by filling in this form and posting to us, or you can complete an online form by visiting the Wakefield Local Offer website <https://wakefield.mylocaloffer.org/information-network/how-can-i-join/> or scan the QR code below:



For any Further support please contact WISENDSS Team on Informationnetwork@wakefield.gov.uk or phone 01924 302471

If you have more than one child with additional needs, please fill in a supplementary form for each child.

Once you have completed the form please return it to:

Wakefield Inclusion SEND Support Service (WISENDSS)

Wakefield One Floor 3 North

Burton Street

Wakefield

WF1 2EB

**Section 1– Consent**

To be able to use, store and share your information we need you to agree for your child’s information to be recorded on the Disabled Children’s Register (DCR)

 **I am a parent/carer, and I am filling in this form**

Please let us know when you read the statements below if you agree or disagree by putting a tick in the box. You can read more about how your data may be shared by reading Section 2 in the IN-Privacy Notice.

**If you do not tick a statement we will assume you do not agree to our using or sharing your information in the way described.**

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|  **Please tick to confirm your choices** **Agree Disagree** |
| I agree for my email address to be shared with Family Action so they can send me details of support, services, events, training and advice sessions that may be suitable for me and my family’s needs. |  |  |
| I agree for my email address to be shared with Family Action through email address so that I can receive the local area newsletter regularly. |  |  |
| I agree to share my email address, child’s name and age range with Playschemes to receive information about any holiday play schemes the Council may organise relevant for me and my family.  |  |  |
| I agree for my contact information to be shared with Wakefield Parent Carer Forum so they can send me details of support, services, events, training and advice sessions that may be suitable for me and my family’s needs. **Please state how you would like to receive this information.**   Email Post

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| **Please provide your postal address if choosing Post** |

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| Signed Name Dated |
| Please provide your **email address** in Section 2 of the form.  |

**Section 1– Consent Young Person 16-25**

**Please leave this section blank if your parents are filling this form in for you.**

To be able to use, store and share your information we need you to agree for your information to recorded on the Disabled Children’s Register (DCR).

**I am a young person aged 16-25 and I am filling in my own consent**

Please let us know when you read the statements below if you agree or disagree by putting a tick in the box. You can read more about how data may be shared by reading Section 2 in the IN-Privacy Notice.

**If you do not tick a statement, we will assume you do not agree to our using or sharing your information in the way described.**

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| **Please tick to confirm your choices** **Agree Disagree** |
| I agree for my email address to be shared with Family Action so they can send me details of support, services, events, training and advice sessions that may be suitable for me and my family’s needs. |  |  |
| I agree for my email address to be shared with Family Action so that I can receive the local area newsletter regularly. |  |  |
| I agree to share my email address, name and age range with Playschemes to receive information about any holiday play schemes the Council may organise relevant for me and my family. |  |  |
| I agree for my contact information to be shared with Wakefield Parent Carer Forum so they can send me details of support, services, events, training and advice sessions that may be suitable for me and my family’s needs. **Please state how you would like to receive this information.**  Email Post

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| **Please provide your postal address if choosing Post** |

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| **Signed** **Name** **Dated** |
| Please provide your **email address** in Section 2 of the form. |

**Section 2: Receiving your information**

See section 2 of the IN-Privacy Notice for more information

Please provide your email address.

**Email details**

Please provide a contact telephone number.

**Note**: Your contact number will only be used to contact you if there are any queries/problems with the application form.

**Section 3: Max Card**

As part of the Information Network, you can choose to receive a Max Card to help reduce the cost of selected days out and activities across the district and the UK.

**Please send me a Max Card** Yes No

**Postal address**

**Please ensure you complete the postal address section to enable us to send the Max Card out to you**

**Section 4: Parent/Carer Information**

See section 2 of the IN-Privacy Notice for more information

**Title**

**Name**

**Relationship to child or young person**

**Section 5: Child/Young Person**

For more information see sections 2 IN Privacy Notice

**Name of Child/Young Person 1**

**Date of Birth** e.g. 02 05 1997

**Gender**

**Male** **Female** **Other** – please tell us

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| **Child/Young Person 1 – Ethnicity** **Tick one box which best describe the ethnicity of the child or young person** |
| **I prefer not to say**  |  |
| **White** |
| English/Welsh/Scottish/Northern Irish/ British |  |
| Irish |  |
| Gypsy or Irish Traveller |  |
| Other White background - please state |  |
| **Mixed / Multiple ethnic groups** |
| White and Black Caribbean |  |
| White and Asian |  |
| White and Black African |  |
| Other Mixed / Multiple - please state |  |
| **Asian/Asian British** |
| Indian |  |
| Pakistani |  |
| Bangladeshi |  |
| Chinese |  |
| Other Asian background - please state |  |
| **Black / African / Caribbean / Black British** |
| African |  |
| Caribbean |  |
| Other Black / African / Caribbean background - please state |  |
|  |  |
| **Other ethnic group** |
|  Arab |  |
|  Other ethnic group - please describe below |

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| **Child/Young Person 1 - Additional Information****Please tick all boxes that apply:** |
| Attends Early Years Setting |  |
| Attends Mainstream School |  |
| Attends Resource Provision |  |
| Attends Special Day School |  |
| Attends Special Residential School |  |
| In Further Education (College level) |  |
| In Higher Education (University Level) |  |
| Takes part in Training or Apprenticeship |  |
| In paid employment  |  |
| In voluntary employment |  |
| Home Educated |  |
| Alternative Provision |  |
| Not in Education, Employment or Training |  |

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| **Child/Young Person 1 – Additional Information****Please tell us about the child or young person’s Educational Needs.** **Tick one box that applies.** |
| Gets Special Educational Needs (SEN) support |  |
| Has a My Support Plan (MSP) |  |
| Has an Education Health and Care Plan (EHCP) |  |
| None of the above |  |

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| **Child/Young Person 1- Additional Needs**Please read the descriptions that follow and tick the boxes which best describe the additional need/s the child or young person may have. |
|  | **Medically** **Diagnosed** | **Awaiting****Diagnosis** | **No Formal****Diagnosis** | **Not Applicable** |
| Physical disability (PD) like Cerebral Palsy,Brittle Bones or Muscular Dystrophy  |  |  |  |  |
| Specific learning difficulty (SpLD) e.g. Dyslexia, Dyscalculia, Dyspraxia and Dysgraphia |  |  |  |  |
| Moderate learning difficulty (MLD) e.g. Working well below expected levels of attainment |  |  |  |  |
| Severe learning difficulty (SLD) e.g. Difficulties to understand, learn and remember new skills |  |  |  |  |
| Profound and multiple learning difficulty (PMLD) e.g. Severe difficulties with seeing, hearing, speaking and moving |  |  |  |  |
| Social, emotional and mental health (SEMH) like anxiety of depression  |  |  |  |  |
| Attention-deficit/hyperactivity disorder (ADHD) |  |  |  |  |
| Hearing impairment (HI) |  |  |  |  |
| Visual impairment (VI) |  |  |  |  |
| Multi-sensory impairment (MSI)  |  |  |  |  |
| Autism spectrum disorder (ASD) |  |  |  |  |
| Speech, language and communication needs (SLCN) |  |  |  |  |
| Chronic illness like Epilepsy, Diabetes, Tracheostomy, Asthma or Anaphylaxis |  |  |  |  |
| Life limiting illness |  |  |  |  |
| SEN Support but no specialist assessment of type of need |  |  |  |  |
| Other please specify |  |  |  |  |
| Please list any other difficulty/disability or additional need. You can also use this section to provide any extra information about the boxes you have ticked above. |  |

**Section 5: Child/Young Person 2**

For more information see sections 2 IN Privacy Notice

**Name of Child/Young Person 2**

**Date of Birth** e.g. 02 05 1997

**Gender**

**Male** **Female** **Other** – please tell us

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| **Child/Young Person 2 – Ethnicity** **Tick one box which best describe the ethnicity of the child or young person** |
| **I prefer not to say**  |  |
| **White** |
| English/Welsh/Scottish/Northern Irish/ British |  |
| Irish |  |
| Gypsy or Irish Traveller |  |
| Other White background - please state |  |
| **Mixed / Multiple ethnic groups** |
| White and Black Caribbean |  |
| White and Asian |  |
| White and Black African |  |
| Other Mixed / Multiple - please state |  |
| **Asian/Asian British** |
| Indian |  |
| Pakistani |  |
| Bangladeshi |  |
| Chinese |  |
| Other Asian background - please state |  |
| **Black / African / Caribbean / Black British** |
| African |  |
| Caribbean |  |
| Other Black / African / Caribbean background - please state |  |
|  |  |
| **Other ethnic group** |
|  Arab |  |
|  Other ethnic group - please describe below |

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| **Child/Young Person 2 - Additional Information****Please tick all boxes that apply:** |
| Attends Early Years Setting |  |
| Attends Mainstream School |  |
| Attends Resource Provision |  |
| Attends Special Day School |  |
| Attends Special Residential School |  |
| In Further Education (College level, Post 16) |  |
| In Higher Education (University Level) |  |
| Takes part in Training or Apprenticeship |  |
| In paid employment  |  |
| In voluntary employment |  |
| Not in Education, Employment or Training |  |

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| **Child/Young Person 2 – Additional Information****Please tell us about the child or young person’s Educational Needs.** **Tick one box that applies.** |
| Gets Special Educational Needs (SEN) support |  |
| Has a My Support Plan (MSP) |  |
| Has an Education Health and Care Plan (EHCP) |  |
| None of the above |  |

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| **Child/Young Person 2 - Additional Needs**Please read the descriptions that follow and tick the boxes which best describe the additional need/s the child or young person may have. |
|  | **Medically** **Diagnosed** | **Awaiting****Diagnosis** | **No Formal****Diagnosis** | **Not Applicable** |
| Physical disability (PD) like Cerebral Palsy,Brittle Bones or Muscular Dystrophy  |  |  |  |  |
| Specific learning difficulty (SpLD) e.g. Dyslexia, Dyscalculia, Dyspraxia and Dysgraphia |  |  |  |  |
| Moderate learning difficulty (MLD) e.g. Working well below expected levels of attainment |  |  |  |  |
| Severe learning difficulty (SLD) e.g. Difficulties to understand, learn and remember new skills |  |  |  |  |
| Profound and multiple learning difficulty (PMLD) e.g. Severe difficulties with seeing, hearing, speaking and moving |  |  |  |  |
| Social, emotional and mental health (SEMH) like anxiety of depression  |  |  |  |  |
| Attention-deficit/hyperactivity disorder (ADHD) |  |  |  |  |
| Hearing impairment (HI) |  |  |  |  |
| Visual impairment (VI) |  |  |  |  |
| Multi-sensory impairment (MSI)  |  |  |  |  |
| Autism spectrum disorder (ASD) |  |  |  |  |
| Speech, language and communication needs (SLCN) |  |  |  |  |
| Chronic illness like Epilepsy, Diabetes, Tracheostomy, Asthma or Anaphylaxis |  |  |  |  |
| Life limiting illness |  |  |  |  |
| SEN Support but no specialist assessment of type of need |  |  |  |  |
| Other please specify |  |  |  |  |
| Please list any other difficulty/disability or additional need. You can also use this section to provide any extra information about the boxes you have ticked above. |  |