

# BURY CHILDREN'S DISABILITY REGISTER

## Registration Form



Bury Council is required by the Children Act 1989 to keep a register of children with disabilities living in Bury. By registering your child you will be providing us with information on the needs of your child and your family to enable us to plan for the future and improve the quality of life for children with disabilities living in Bury. The Bury Children's Disability Register (BCDR) is a voluntary register for children and young people with a disability or impairment, aged 0-18 years and living in Bury.

### About the child or young person

<b>Full Name</b>	
<b>Full Address:</b>	
<b>Gender:</b>	Male / Female
<b>Date of Birth</b>	
<b>Child's Religion</b>	
<b>Family's First Language</b>	
<b>School / College that the child / young person attends</b>	

### Ethnic origin of the child or young person – please choose one option

White: British		White: Irish	
White: Traveller or Irish Heritage		White: Gypsy	
White: Other ( <i>Please state</i> )			
Mixed: White and Black Caribbean		Mixed: White and Black African	
Mixed: White and Asian			
Mixed: Other ( <i>Please state</i> )			
Asian: Indian		Asian: Pakistani	
Asian: Bangladeshi			
Asian: Other ( <i>Please state</i> )			
Black: Caribbean		Black: African	
Black: Other ( <i>Please state</i> )			
Other: Chinese		Prefer not to say	
Other: ( <i>Please state</i> )			

### About the parent / carer

<b>Title</b>	Mr / Mrs / Miss / Ms
<b>Name:</b>	
<b>Full Address:</b> If different from above	

## About the parent / carer...continued

<b>Telephone number:</b>	
<b>Mobile number:</b>	
<b>Email address:</b>	

### Disability and diagnosis of the child or young person

Please tick all those that apply

<b>A diagnosis of an Autistic Spectrum Disorder</b> including: Autism and Asperger syndrome	
<b>Behaviour</b> including: Social and Emotional difficulties, ADHD / ADD / ODD	
<b>Communication</b> including: speech and language disorders	
<b>Developmental Delay</b> developmental difficulties with no formal diagnosis	
<b>Hearing Impairment</b>	
<b>Learning</b> including: moderate or severe learning difficulties, Dyslexia, Dyspraxia	
<b>Mobility Difficulty/ Physical Disability</b>	
<b>Visual Impairments</b>	
<b>Syndrome / Chromosome disorder</b> name/type:	
<b>Other condition not mentioned above</b> please give details:	

### Support services the child or young person is in contact with:

Please tick all those that apply

Residential short breaks	
Short breaks with a family (i.e. shared care)	
Home/School transport	
Other : please give details	

I agree for this information about my child to be stored on a register of children who are disabled. I understand that the information provided may be shared with other agencies in the area for the purpose of joint planning.

I understand that this register is a voluntary one and I confirm I have been told that I or my child may request at any time for the information to be removed.

**Name  
Signed**

**Relationship to Child  
Date**