

Access Disability Project

Registration and Initial Assessment form



Data Protection & Confidentiality

This information is being collected so that can ensure your child receives the right level of support based on their disability. It also helps us to keep your daughter/son safe – so that we can contact you if they are ill or hurt, for example. We will keep all of the details on this form confidential. We give statistical information to our funders so that they can check our work; We do not give information about you or your child to any other organisation or person. You can ask to see the records we keep about your child at any time.

1 Information about your child / young person

First name	
Surname (Family name)	
Address	
Postcode	

Date of birth		Age	
Gender	Female	male	

Name of school		Year	
Name of class teacher / SEN Co-ordinator			

Parent/carer name		Relationship to child	
Home phone number			
Mobile phone number			

2 Emergency contact details

(Main contact for in an emergency)

Name			
Relationship to child			
Address & Postcode			
Telephone no 1		Telephone no 2	

(second contact for in an emergency)

Name			
Relationship to child			
Address & Postcode			
Telephone no 1		Telephone no 2	

3 Type of disability and Special Needs

Learning Disability	Please describe
Physical Disability	
Visual Impairment	
Hearing Impairment	
Please say what special equipment is used:	

Does your child need assistance with the toilet?	Yes	No
If yes, please say what If we cannot provide the level of assistance you child needs we will tell you		

4 Medical conditions and medication

6 Support requirements

<p>What support requirements does your child need when he/she is at the Club</p>
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<p>How regularly do you want us to give you feedback about how your child is getting on at the Club?</p>	
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<p>What regular activities does your child access (apart from school)?</p>	
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<p>What support does your child currently receive in addition to yours and the family? (Shared care, respite care, Social Worker, Family Worker etc)</p>	
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<p>Does your son/daughter have a Social Worker?</p>	<p>Yes No</p>	<p>Social Worker's name</p>	
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7 Transport to and from CYCD

<p>Does your child require transport to and from the Club?</p>	<p>Yes No</p>
<p>Collection address</p>	
<p>We will bring your child home to?</p>	

8 Parental /Carer consent

In order for your child to be part of the Access Disability Project at CYCD we need your consent as the parent / Carer / Legal Guardian.

Name of Child _____

I give my consent for my child, named above, to take part in activities at Centre for Youth & Community Development (CYCD). These activities include weekly clubs, holiday clubs including trips and outings.

Yes **No**

I give consent to my child being photographed whilst taking part in activities on the understanding that any photographs or images of my child will not identify him/her by name. Photographs/images may be used in our publicity materials or CYCD website.

Yes **No**

I give consent to my child receiving urgent medical attention if contact with me cannot be made

Yes **No**

I give consent for CYCD to contact my child's school or Social Worker in confidence to share information which will help my child to get the support they need.

Yes **No**

All the information given in this form is correct to the best of my knowledge. I will inform the project about any changes to my child's condition.

Signed _____ **Date** _____

Parent/Carer Name _____

Is there any other information you think we need to know?

The information on this sheet is a requirement from our funders and is useful to us to ensure our project is reaching as wide a section of the community as possible.

9 Ethnicity monitoring

White	White British	
	White Irish	
	White other	

Mixed ethnic background	White & black Caribbean	
	White & black African	
	White & Asian	

Asian	Pakistani	
	Bangladeshi	
	Indian	
	Other Asian	

Black	African	
	Caribbean	
	Other black	

Chinese	
Any other ethnicity	
Prefer not to say	

How did you hear about our project? _____

Please send completed form to Admin & Finance Section, CYCD, 94-106 Leagrave Road, Luton, LU4 8HX or email to: s.moheuddin@cycd.org.uk