



You/Your Child's Personal Information

Child's Details							
First Name:			Surname:				
Date of Birth:			Gender:				
Address:							
Contact No:							
Ethnicity:			Religion:				
Parent/Carer	Details – to be cor	mplete	ed by those with	parent re	sponsi	bility	
First Name:			Surname	:			
Address:							
Relationship to Child:							
Contact No:			Email Addre	ess:			
	Preferre	d Metl	hod of Contact				
Phone	Email			Post			
You/Your Child's Disability Related Needs We would like to understand the nature of your child's disability (or additional needs that could be linked to a disability) and how this affects their ability to carry out day to day tasks and access universal services. This information will be used to inform eligibility to be included on the targeted register and access to targeted and preventative activities.							
Does your child have a formal diagnosis of a disability?			oility?	Yes		No	
Please tell us about your child's disability/needs and about any formal diagnosis if you have one.							
Does your child's disabili activities?				Yes		No	
Universal activities are available to all children. For example, after school clubs, sport activities, youth clubs. Please tell us what the barriers are to inclusion and/or why they are prevented from accessing them:							





Does your child's disability impact their ability to carry out day to day activities?	Yes		No	
Please tell us how they are impacted:				
, ,				
Does your child have behaviours of concern related to their	Yes		No	
disability?				
Please tell us more about the behaviours of concern:				
,				
Does your child require special equipment to help their mobility?	Yes		No	
Please tell us more about the special equipment they use and whether	r this ho	as been i	orescribe	ed:
, , ,		,		
Does your child need support to build and maintain relationships	Yes		No	
more than their peers due to the impact of their disability?				
Please tell us more about how their relationships and friendships are	impacte	d by the	rir disabi	ility:
	·	,		•
Does your child have limited or no perception of danger to	Yes		No	
themselves or others and is at risk of harm without supervision?				
Please tell us more about their awareness of danger/safety in social s	ituatior	ns:		
Does your child require supervision or physical assistance with	Yes		No	
personal and self-care above what would be expected at their age?				
Please tell us more about the supervision or physical assistance requi	red with	nersoni	al and se	olf-
care:		. person		,
cure.				



What are the Outcomes?

What do you/your child hope to gain from joining an ICAN2 activity?	Yes	No
Opportunities for child/young person to make new friends and / or		
socialise with peers		
Opportunities for child/young person to take part in activities		
independent of their parent/carers		
Opportunities to improve communication skills		
Opportunity to develop and learn new skills		
Parent carer to have a break from their caring role		
Access passes for local attractions		
Other outcomes:		

Children with Disabilities Register

The Children Act 1989 requires all local authorities to establish a register of children with a disability in their area. Although inclusion on the register is optional, we encourage registration as this helps Telford & Wrekin Council and partners understand more about the needs of children with disabilities across the borough, plan for the future and ensure residents' needs are met. The Children with Disability register is maintained by Children with Disabilities Team, however, inclusion on the register does not relate to eligibility for a service and support from the Team or ICAN2 membership.

I would rather NOT include my child or young person on the Children with	
Disabilities register	
If not, please tell us why	

If you would like to find out more, please visit www.telfordsend.org.uk or email shortbreaks@telford.gov.uk.

How We Will Use Your Information

I would like to receive an information pack, including SEND Activities booklet and A-Z of Services in Telford	Yes	No	
I would like to be added to the distribution list to receive monthly newsletters and included in consultations	Yes	No	

Telford & Wrekin Council Children with Disabilities Team is collecting your personal data to enable access to targeted and preventative activities and to allow the best possible advice, care or support to be provided and to meet the statutory requirements under the Children's Act 1989, wider legislation and Article 9(2)(c) & (h) of the General Data Protection Regulations 2018 or equivalent United Kingdom legislation. Telford & Wrekin Council will not share any of your personal data collected with external organisations unless required to do so by law. However, there may be occasions where we request further information from key third party organisations such as Health or Provider organisations. For further details on the council's privacy arrangements please view the privacy page on the council's website page, www.telford.gov.uk/terms

Signature of Parent/Carer Date	
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