

## Bury's Children's Disability Register

The Disability Register is a confidential list of names and basic information about children with disabilities, special or additional needs. The purpose of the register is to safeguard and promote the interests of disabled children and plan and improve services for them.

### Completed paper forms should be returned to:

3 Knowsley Place, Duke St, Bury, BL9 0EJ or alternatively leave at the Town Hall reception.

### Complete the form securely online:

[www.bury.gov.uk](http://www.bury.gov.uk) or scan the QR code:



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### Parent/Carer Details

Do you have parental responsibility for this child or young person?

Yes  No

Please note that only those with parental responsibility can agree to a child's name being included on the register.

Please complete the following parent/carers information:

<b>First Name</b>	
<b>Surname</b>	
<b>Date of Birth</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Email</b>	
<b>Contact No.</b>	

**Information about the Child/Young Person**

Please complete the following information:

<b>First Name</b>			
<b>Surname</b>			
<b>Date of Birth</b>		<b>Gender</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>
			Prefer not to say <input type="checkbox"/>
<b>Address</b>			
<b>Postcode</b>		<b>Ethnicity</b> (See Ethnicity codes at the bottom of the form)	

**Disability**

What is the nature of your child/young person’s disability? (Tick all that apply)

Autism		ADHD	
Behavioural Difficulties		Cerebral Palsy	
Learning Difficulty/Disability		Muscular Dystrophy	
Undiagnosed Disability		Physical Disability	
Down’s Syndrome		Sensory Disability	
Epilepsy		Genetic Disability or Disorder	
Medical condition		Mental Health Difficulties	
Vision Impairment/Disability		Hearing Impairment/Disability	
Other- Please give details			

## Please tell us which services support your child

CWD Social Work Team	Short Break Support	
Occupational Therapy	Residential Short Break	
Self-Help Support Groups	Long Term Residential Care	
Foster Care	Early Help	
Counselling/Psychology	Additional Needs Service	
Behaviour Inclusion Support	Transport Services	
Speech and Language Service	Personal Assistant	
Visual/Hearing Impairment Service	Early Support Service	
Children's Community Nursing Service	Physiotherapy	
Dietician	CAMHS	
Community Paediatrician	Continuing Care Package	
Posture and Mobility Service	Rehabilitation for Independence	
Independent Living Support	Carer Support	
School Nursing	SEND Health Visitor	
Portage	EHC Assessment & Review Team	
Not known to services		
Other- Please give details.		

## Consent

Submission of this registration form will give consent to the use of information to:

- Add your child to the Disabled Children's Register
- Compile data reports to which are shared with local service providers.

Any personal information that you provide will be processed in accordance with current Data Protection laws. It will be used by Bury Council and our partners to deliver and improve services and fulfil our legal duties. We will not disclose any personal information to anyone else unless required or allowed to do so by law.

Read more about how we use personal data in our Fair Processing / Privacy Notice on our website [www.bury.gov.uk](http://www.bury.gov.uk)

Signed	
Print Name	
Date	

## Ethnicity codes

White	Dual Heritage	Asian
A1. White British A2. White European A3. White Irish	B1. White Caribbean B2. White/ Black African B3. White/Asian	C1. Indian C2. Pakistani C3. Bangladeshi
Black	Chinese	Other Ethnic Group
D1. Caribbean D2. African D3. Somali D4. Any other Black background	E1 Chinese E2 Any other Chinese background	F1. Gypsy Romany/Irish Traveller F2. Any other ethnic group F3. Prefer not to say