



The Index for Children and Young People with Disabilities or Additional Needs

The Index is a voluntary register held by the City of Cardiff Council and the Vale of Glamorgan Council and funded by the Families First initiative. It will assist service providers to have a clear picture of the number of children and young people with disabilities or additional needs in Cardiff and the Vale of Glamorgan, enabling them to plan better services.

Child / Young Person's Details – please complete in full.

Surname: First Name(s):

Date of Birth: Gender Female: Male:

Ethnicity: First Language:

House No: Street:

Town: Postcode:

Email: Telephone:

Mobile: Allowance Received N/A: DLA: PIP:

School: Statement of Education Yes: No:

Main Reason for Registration:

1 Developmental Delay 2 Physical Disability/Chronic Illness

3 Learning Disability 4 Visually Impaired 5 Hearing Impaired 6 Speech/Language Difficulties

7 Behavioural/Emotional Difficulties 8 Communication/Socialisation Difficulties 9 Autistic Spectrum Disorder 10 Other (please specify)

Please give the name of your child's disability (if known):

Child's GP: Child's GP Surgery:

Child's Consultant: Child's Hospital:

Parent / Carer: Relationship to Child:

Preferred language to receive information:

Consent to Registration

By signing below:

- I agree to my child's name being placed on The Index. This information will be treated confidentially.
- I understand I can withdraw my consent for my child's name to be placed on The Index, by contacting the Index Administrator.
- I am in agreement for anonymised statistical information obtained on these forms to be shared with other professionals from Social Services, Health and Education for the purpose of planning and monitoring services.

Signed: (Parent/Guardian) Date:

Promise of Confidentiality: The information provided is accessible to parent / child and designated members of your Local Authority's Family Information Service and Child Health and Disability Team. It is designed to assist in planning services for children and young people with disabilities and additional needs. Computerised information is stored securely and can only be accessed on a restricted basis. Information contained within this record is separate from other registers currently held by the authority, social services or local education authority. For further information or if you have any queries / concerns please contact Cardiff's Disability Index Officer on 029 2035 1700 / disabilityindex@cardiff.gov.uk or the Vale of Glamorgan's Disability Index Administrator on 01446 704736 / disabilityindex@valeofglamorgan.gov.uk

FOR OFFICE USE ONLY:

Registration Date:

Consent given for information to be shared

Other reasons for registration: (Please tick all that apply)	Assessment			
	Mild	Moderate	Severe	Under
Developmental Delay				
Physical Disability				
Chronic Illness				
Learning Disability				
Visual Impairment				
Hearing Impairment				
Speech / Language Difficulties				
Behavioural / Emotional Difficulties				
Communication & Socialisation Difficulties				
Autistic Spectrum Disorder				

Is your child able to do the following without help? (Please tick all that apply)	Yes	No	With help	Too Young
Walk / move about				
Get up / down stairs				
Eat / drink				
Wash / bathe / shower				
Use toilet				
Dress				

Does your child use a wheelchair?	Yes	No

How does your child communicate? (Please tick all that apply)		Yes	No
Speech	PECS		
BSL	Gestures		
Makaton	Other		

Does your child receive? (Please tick all that apply)	Yes	No
Special / medical equipment / aids		
Medical treatment / medication		
Other personal help		
Ongoing multi-disciplinary assessment		

Does your child see any of the following? (Please tick all that apply)	Yes	No	Awaiting appointment
Physiotherapist			
Speech Therapist			
Occupational Therapist			
Specialist Health Visitor			
Orthoptist			
Audiologist			
Clinical Psychologist			
Child Psychiatrist			
Community Paediatrician/ Paediatric Nurse			
Hospital Consultant			
Dietician			
Other, please specify:			

Who is your main health provider? (Please tick)	
Abertawe Bro Morgannwg	
Cardiff & Vale University Health Board	

Do you or your child access/receive? (Please tick all that apply):	Yes	No	Referral for Assessment Required
Social Worker			
SW for Sensory Impairment			
Domiciliary Package			
Respite			
Direct Payments			
Other, please specify:			

Have you been offered / received a carers' assessment?	Yes	No

What can we do to improve access to services and support:

How did you hear about the Index?	
Social Worker	
Health Visitor	
School	
Family Information Service	
Other, please specify:	

Would you like any information to support you and your child e.g. activities, benefits, support groups, or if we can support you in any other way please specify:

Name of person completing form:
Name of organisation or service (Referrals only):

Please send completed form to:	
Vale of Glamorgan	Cardiff
Family Information Service Dock Offices Subway Road Barry Vale of Glamorgan CF63 4RT Tel: 01446 704736	Family Information Service The Harlech Suite The Conference Centre Eastmoors Road Cardiff CF24 5RR Tel: 029 2035 1700