

# Gateshead Network of Children with Disabilities Registration Form

## Child's details

Name

Address

Postcode

Date of birth (DD/MM/YY)

Gender: Male Female

If your child does not communicate verbally please indicate whether they use:

BSL PECS Makaton An alternative/personalised form of communications

What is the child's first language?

## Family details

Mother

Father

Parent/carer names

Address

Postcode

Tel. No.

Email

Relationship

Do you consent to us contacting you by email? Yes No

Does the child live with any siblings? Yes No

Please give the names and dates of birth of any siblings.  
If any of these siblings are considered to be young carers please tick the relevant box.

Name	Date of birth	Young carer?
		Yes No
		Yes No
		Yes No
		Yes No

## Disability details

Does the child have:

an Autism Spectrum condition?

challenging behaviour associated with a severe learning disability?

moving and handling needs?

needs requiring specialist equipment or adaptations?

a life limiting condition or palliative care needs?

Please use the box below to tell us about any disabilities/needs or difficulties that aren't included above:

**Child's Ethnicity Details**

**White**

British  
Irish  
Any other White background  
Traveller of Irish Heritage  
Gypsy/Roma

**Asian or Asian British**

Indian  
Pakastani  
Bangladeshi  
Any other Asian background

**Other Ethnic groups**

Chinese  
Any other ethnic group  
Prefer not to say

**Mixed**

White and Black Caribbean  
White and Black African  
White and Asian  
Any other mixed background

**Black or Black British**

Caribbean  
African  
Any other Black background

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If you would like to put your name on the register, but do not want to receive other information or event marketing from us, please tick here

If your child has an autism spectrum condition and you would like us to pass your details on to the data base of children with Autism Spectrum Disorder living in the North East, please tick here (<http://research.ncl.ac.uk/daslne>)

Where did you hear about the Gateshead Network of Children with Disabilities?

**Does your child have a statement of special educational needs or a single Plan?** Yes No

**If no, have you attached evidence pertaining to your child's disability?** Yes No

**I agree to have this information included on the Gateshead Network of Children with Disabilities in accordance with Data Protection Guidelines**

Signed

Relationship to child

Date

**Please return to:** Network Coordinator, SEND Team, Gateshead Civic Centre,  
Regent Street, Gateshead NE8 1HH

**DIFFERENT FORMATS**

This form is available on request in large print, Braille and on cassette/CD/  
MP3 player or in a different language.

Please phone: **0191 433 3619** or email **senteam@gateshead.gov.uk**