



Children with Disabilities Register

For children and young people with special needs
arising from a disability or a health condition

Request for registration

What is the register?

The register is a list of children and young people in Jersey who have special needs and disabilities and who receive, or may one day need to use the services from health, social services, education or voluntary organisations.

What is it for?

The register provides a contact point for providing families with information about services and opportunities to be involved in consultations about special needs and disabilities. The information from the register will help us to build a broader picture of special needs and disability across Jersey from a family's perspective.

Who can see the information on the register?

The register is kept on a computer and is managed and kept up to date by the Family Information Coordinator at the Child Development and Therapy Centre. We will only share statistical information (figures only, no names) with our partners in other States Departments so that we can work together in the planning and delivery of local services for families in Jersey.

Who can register?

You can register your child or young person if they are under 18 years of age with complex learning difficulties, additional needs or a disability.

We would like the parents and carers of all children and young people who have special needs and disabilities to register their child or young person so we can make the best plans for the future. No one has to register if they do not want to. It is a voluntary register and only contains the information that you as a parent or carer gives us.

What do we do with your data?

We will use the information you provide to administer the Children's Disability Register, and in a manner that conforms to the Data Protection (Jersey) Law 2018.

We will endeavour to keep your information accurate and up to date and not keep it for longer than is necessary.

We may not be able to provide you with a service unless we have enough information or your permission to use that information. Where appropriate, we will contact you to request your consent to share information.

We will not disclose any information to anyone else without your permission, except in the few situations where disclosure is required by law, or where we have good reason to believe that failing to share the information would put someone else at risk. You will be told about this unless there are exceptional reasons not to do so.

We do not process your information overseas using web services that are hosted outside the European Economic Area.

Who should fill in the form?

- The parent, carer or guardian of a disabled child or young person
- The young person themselves - where a young person is turning 13 we will ask for their consent to be on or remain on the register

What happens next?

Please sign and return your completed form, by post to:

Family Information Coordinator
Child Development and Therapy Centre
Overdale Campus
Westmount Road
St Helier
JE2 3UJ

Or, by email to: familyinformation@health.gov.je

Please answer ALL the following questions about the child or young person you are registering.

Child or young person's name	
First name	
Middle name	
Surname	
Child or young person's home address and contact details	
1 st line of address	
2 nd line of address	
Parish	
Postcode	
Telephone	
Email address	
Education	
Current nursery/ school/college	Name: _____ <input type="checkbox"/> Educated other than at school <input type="checkbox"/> Not in education, employment or training Does your child have a Record of Need? Yes <input type="checkbox"/> No <input type="checkbox"/>

Child's personal details	
Date of birth	
First language	
Cultural and ethnic group <i>(Tick all that apply)</i>	
<input type="checkbox"/> Jersey <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese or Madeiran <input type="checkbox"/> African <input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Caribbean <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Thai <input type="checkbox"/> Other <i>Please specify</i> _____ <input type="checkbox"/> Prefer not to say

Services		
<p>Has your child accessed any of the following services in the last year? <i>(Please tick any of the boxes that apply)</i></p>	<input type="checkbox"/> Preparing for Adulthood Pathway <input type="checkbox"/> Children's Social Work <input type="checkbox"/> Speech and Language Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Educational Psychologist <input type="checkbox"/> CAMHS <input type="checkbox"/> SEMHIT (Social Emotional & Mental Health Inclusion Team)	<input type="checkbox"/> Children's Community Nurse (FNHC) <input type="checkbox"/> Daytime short break <input type="checkbox"/> Overnight short break <input type="checkbox"/> Early Help Assessment <input type="checkbox"/> Family Support Worker <input type="checkbox"/> None of these <input type="checkbox"/> Prefer not to say

What type of special need or disability does your child experience?		
<p>Main need <i>(Tick one box only)</i></p>	<input type="checkbox"/> Specific learning difficulty <input type="checkbox"/> Moderate learning difficulty <input type="checkbox"/> Severe learning difficulty <input type="checkbox"/> Profound & multiple learning difficulty <input type="checkbox"/> Social, emotional and mental health <input type="checkbox"/> Speech, language and communication needs	<input type="checkbox"/> Hearing impairment <input type="checkbox"/> Visual impairment <input type="checkbox"/> Multi-sensory impairment <input type="checkbox"/> Physical disability and medical condition <input type="checkbox"/> Autistic spectrum disorder <input type="checkbox"/> Other (please specify)
<p>Other needs <i>(Please tick any other boxes that apply)</i></p>	<input type="checkbox"/> Specific learning difficulty <input type="checkbox"/> Moderate learning difficulty <input type="checkbox"/> Severe learning difficulty <input type="checkbox"/> Profound & multiple learning difficulty <input type="checkbox"/> Social, emotional and mental health <input type="checkbox"/> Speech, language and communication needs	<input type="checkbox"/> Hearing impairment <input type="checkbox"/> Visual impairment <input type="checkbox"/> Multi-sensory impairment <input type="checkbox"/> Physical disability and medical condition <input type="checkbox"/> Autistic spectrum disorder <input type="checkbox"/> Other (please specify)

Equipment	
<p>Does your child use equipment for any of the following activities? <i>(Please tick any of the boxes that apply)</i></p>	<input type="checkbox"/> Communication (eg signing / pictures / iPad) <input type="checkbox"/> Computing (eg special keyboard / voice-activated programmes) <input type="checkbox"/> Eating and drinking (eg PEG / thickener / special utensils) <input type="checkbox"/> Home adaptations (eg ramp / lift / wet floor shower) <input type="checkbox"/> Medical (eg suction / ventilator) <input type="checkbox"/> Mobility (eg walking frame / wheelchair / specialist buggy) <input type="checkbox"/> Personal care (eg toileting / bathing) <input type="checkbox"/> Play, learning and development (eg switch toys) <input type="checkbox"/> Postural care (eg static seating / standing frame / sleep system) <input type="checkbox"/> Transport (eg adapted vehicle) <input type="checkbox"/> Other (please specify)

Medical diagnosis <i>(Please tick any of the boxes that apply)</i>	
<input type="checkbox"/> No formal diagnosis <input type="checkbox"/> Awaiting diagnosis <input type="checkbox"/> Attention deficit hyperactivity disorder (ADHD) <input type="checkbox"/> Autism spectrum disorder <input type="checkbox"/> Acquired brain injury <input type="checkbox"/> Cerebral palsy <input type="checkbox"/> Chronic fatigue/pain disorder <input type="checkbox"/> Central Nervous System tumour <input type="checkbox"/> Complex communication disorder <input type="checkbox"/> Congenital dysplasia <input type="checkbox"/> Congenital hypothyroidism <input type="checkbox"/> Congenital infection <input type="checkbox"/> Congenital muscular dystrophy <input type="checkbox"/> Developmental coordination disorder <input type="checkbox"/> Down's syndrome <input type="checkbox"/> Epilepsy	<input type="checkbox"/> Foetal alcohol spectrum disorder <input type="checkbox"/> Genetic disorder/syndrome <input type="checkbox"/> Global developmental delay <input type="checkbox"/> Growth disorder <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Hydrocephalus <input type="checkbox"/> Learning / intellectual difficulties <input type="checkbox"/> Metabolic disorder <input type="checkbox"/> Mitochondrial disease / disorder <input type="checkbox"/> Neuromuscular condition <input type="checkbox"/> Profound obesity <input type="checkbox"/> Respiratory control disorder <input type="checkbox"/> Severe anorexia nervosa <input type="checkbox"/> Visual impairment <input type="checkbox"/> Other (please specify)

Carer details	
1st Carer Name	
1st line of address	
2nd line of address	
Parish	
Postcode	
Carer relationship <i>(Tick just one box)</i>	<input type="checkbox"/> Parent <input type="checkbox"/> Children's home manager <input type="checkbox"/> Foster carer <input type="checkbox"/> Connected carer (eg aunt, grandparent, family friend)
Telephone	
Email	
Type of information we can send you <i>(Tick all that apply)</i>	<input type="checkbox"/> Newsletter <input type="checkbox"/> Opportunities to be involved in consultations about special needs and disabilities
<i>(Tick your preferred method)</i>	<input type="checkbox"/> Receive by email <input type="checkbox"/> By post
2nd Carer Name	
1st line of address	
2nd line of address	
Parish	
Postcode	
Carer relationship <i>(Tick just one box)</i>	<input type="checkbox"/> Parent <input type="checkbox"/> Children's home manager <input type="checkbox"/> Foster carer <input type="checkbox"/> Connected carer (eg aunt, grandparent, family friend)
Telephone	
Email	
Type of information we can send you <i>(Tick all that apply)</i>	<input type="checkbox"/> Newsletter <input type="checkbox"/> Opportunities to be involved in consultations about special needs and disabilities
<i>(Tick your preferred method)</i>	<input type="checkbox"/> Receive by email <input type="checkbox"/> By post
Child/Young Person's agreement	
Young person's signature if 13 and over <i>(where possible)</i>	
Date	