

**REGISTER FOR CHILDREN AND YOUNG  
PEOPLE WITH DISABILITIES**

**REQUEST FOR REGISTRATION**

*The information from this document will be used to help us  
to help you and your child with disabilities*

**CONFIDENTIAL**

Please return this completed form in a sealed envelope to:  
Tracy Imms  
Children & Young People's Disability Register Coordinator  
Special Educational Needs Service  
Education, Learning & Skills, Children, Adults & Health  
Lambeth Council  
PO Box 80771, London, SW2 9QQ.

Tel: 0207 926 9140

**For Office Use Only**

Register ID Number:

.....

**What is the Register?**

It is a voluntary register of the children and young people aged 0-18 years with a disability who live in the Borough of Lambeth.

**What is it for?**

The Children Act 1989 requires the Local Authority to keep a register of children and young people with disabilities. The Register will enable us to plan and support appropriate, local services for disabled children and young people.

**What are the benefits of registering?**

The Local Authority will use the information from the Register to plan services to ensure that resources are used effectively.

Your views are important to us. We will use your views to improve and develop services to achieve better outcomes for children and young people with disabilities in Lambeth.

The child or young person will receive a digital Lambeth Liberty Card which identifies them as having a disability. This card is acknowledged and supported by local and national organisations, companies and facilities, a list of which is sent with the card.

**Who can see the information on the Register?**

The Register is kept on a database. Statistical information – figures only with no names – is given to organisations who ask for it. Personal information can only be given to certain people in Health, Education or Social Services who need to know it. We would not share any information if you do not give consent.

**Who can register?**

You can register your child if he/she is under 18 years of age, has a disability and lives in Lambeth. We would like the parents of all children who have a disability to register their child so we can make the best plans for the future. No one has to register if they do not want to.

If you choose to register you can leave out any questions you are not happy with.

**What information do we need?**

It is very important for us to understand what life is like with your child and what you need to do for them on a daily basis, so please complete Q11 on page 5 providing as much detail as possible.

It is important that you also include a copy of a Professional's report with your application.

**Who should fill in the form?**

The application can be completed by the parent/carer/guardian of a disabled child **or** if you are a disabled young person aged 16 to 18 years you can fill it in yourself.

Registration is voluntary. You do not need to be on the register in order to be assessed or receive services.

You can request to be removed from the Register at any time by contacting us directly.

Registration does not automatically mean that your child is eligible for services; each application will be assessed on each individual's needs.

Please provide the following information about the Child or Young Person to be registered:

**1. Child's Details:**

Surname or family name:						
First name:						
Middle name/s						
Preferred name:						
Gender:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	(Check one box)	
Date of Birth:	Day		Month		Year	

**2. Address where the Child lives:**

Address:					
Post code:		Tel No:			
Email: *ESSENTIAL		Mobile:			

**3. Child's Parents/Guardians/Carers:** *(please provide details of both parents - if the child is not living with parents, please also give details of his/her current carer)*

**(a) 1st Parent/Guardian:**

Name:						
Address:						
Post code:		Tel No:				
Email:		Mobile:				
Preferred language:						
Date of Birth:	Day		Month		Year	
Relationship to child:				Other:		

**(b) 2nd Parent/Guardian:**

Name:						
Address:						
Post code:		Tel No:				
Email:		Mobile:				
Preferred language:						
Date of Birth:	Day		Month		Year	
Relationship to child:				Other:		

**(c) Current Carer:** *(if child not living with parents)*

Name:						
Address:						
Post code:		Tel No:				
Email:		Mobile:				
Preferred language:						
Date of Birth:	Day		Month		Year	
Relationship to child:			Other:			

**4. Correspondence to be addressed to:** *(if different from parent/guardian/carer)*

Name:						
Address:						
Post code:		Tel No:				
Email:		Mobile:				

**7. Child's GP:**

GP's Name:						
Surgery Address:						
Post code:		Tel No:				
Child's NHS/Hospital No:						

**8. Child's Language:**

What language/s does the child normally use?						
How does he/she communicate with you?						
Does he/she use a sign language?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
If so, which?						
Does he/she use another form of communication?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
If so, what?						

**9. Child's pre-school group, school or college:**

Name:			
Address:			
Post code:		Tel No:	
Contact:		Title:	

Has the child been assessed for an Education Health Care Plan (EHCP)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Has he/she received an Education Health Care Plan (EHCP)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is he/she 5 years old or more and without a school placement?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is he/she being educated at home?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**10. Please tell us about your child's area/s of difficulty:** *(check all of those that apply)*

If the child is over 4 years old, is he/she still in nappies, either part or all of the time?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Has he/she received a diagnosis on the Autistic Spectrum or of Autistic Spectrum Disorder (ASD)? <i>(including Asperger Syndrome)</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Has he/she received a diagnosis of ADHD?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does he/she have fits? <i>(epilepsy or seizure disorder)</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**Mobility**

Is he/she able to walk but only with aids and assistance?	<input type="checkbox"/>
Does he/she use a wheelchair or specially adapted buggy?	<input type="checkbox"/>

**Using Hands**

Does he/she experience considerable difficulty in using hands, e.g. holding spoon or pencil?	<input type="checkbox"/>
Is he/she unable to use hands for most tasks?	<input type="checkbox"/>

**Communication**

Does he/she have delayed or disordered communication, or is he/she unable to use speech interactively?	<input type="checkbox"/>
Does he/she use little or no speech, but is able to communicate basic needs?	<input type="checkbox"/>
Is he/she unable to communicate needs by any means?	<input type="checkbox"/>

**Learning Disabilities**

Does he/she have moderate learning disabilities	<input type="checkbox"/>
Does he/she have severe learning disabilities / complex needs?	<input type="checkbox"/>

**Area/s of difficulty, continued:** (check all of those that apply)

**Personal Care** (if over 5 years old)

Does he/she need to be supervised for washing, dressing and feeding?	<input type="checkbox"/>
Does he/she need physical assistance for washing, dressing and feeding?	<input type="checkbox"/>

**Behaviour**

Does he/she need to be supervised during the day to keep safe?	<input type="checkbox"/>
Does he/she need specialist support at nursery or school?	<input type="checkbox"/>
Does he/she need constant supervision day and night?	<input type="checkbox"/>

**Hearing impairment**

Does he/she have significant hearing loss, but able to function with a hearing aid (41-70db)?	<input type="checkbox"/>
Does he/she have severe hearing loss (>71db)?	<input type="checkbox"/>

**Visual impairment**

Does he/she have severe loss of vision restricting mobility, or is registered partially sighted?	<input type="checkbox"/>
Is he/she registered as blind?	<input type="checkbox"/>

**Long term illness or condition**

Does his/her condition interfere with daily activities?	<input type="checkbox"/>
Is he/she unable to take part in any social or educational activity?	<input type="checkbox"/>

**11. Please describe the child's special needs/difficulties/disabilities and how they impact on daily and family life: (provide as much detail as possible and include any significant behavioural difficulties) PLEASE ALSO PROVIDE A COPY OF A PROFESSIONAL'S REPORT.**

*(Continue on a separate sheet if necessary)*

**12. Services and benefits:**

Are you on a waiting list for any services? <i>(including therapies)</i>		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
If yes, which and when was service applied for?						
Are there any other services that you would find helpful?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
If yes, which?						
Do you believe you are receiving all the benefits you are entitled to?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Sure
Is the child receiving Disability Living Allowance (DLA):						
Care Component?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Mobility Component?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		

**13. Name of professional (e.g. teacher, health specialist, Portage worker, keyworker) who knows your child and who we can contact for further information if necessary:**

Name:			
Address:			
Post code:		Job Title:	
Email:		Tel No:	

**14. Declaration:**

I would like this child to be considered for registration. I understand that you may need to share personal information with other organisations.

Signed:..... Parent / Guardian

Name: ..... Date: .....

Thank you for the time and trouble you have taken to complete this form. If you would like to add any further details, or comment on the questions asked, please use the space below. Your comments and opinions will be noted. If you have provided any supporting documents, please list them below.



## The Liberty Card



When your child/young person is placed on the Children & Young People's Disability Register, he, or she, will receive a **digital** Lambeth Liberty card which is accessed via your e mail address from a mobile phone or computer. This is the primary route for this service, physical cards are no longer available. Not all disabilities are obvious, and the Liberty card is a form of ID which we hope will help parents whilst out and about to reduce the need for lengthy explanations when seeking assistance. It will also allow the card holder to receive some discounts and recognition of a disability from providers locally and across the UK.

Card holders must be aged between 0 up to 18 years and must respect terms and conditions at venues.

The card is the property of the child or young person registered. Your child/young person's name and the expiry date will be printed on the front of the card. If verification is required by a provider, the name and contact details of the Register Coordinator is provided on the *acceptance to the register letter* which will accompany the card.

If you have more than one child or young person with a disability, you will need to complete a separate application for each.

The Liberty card will be valid for three years, unless your child turns 18 years old within that time, then their card will expire the day before their 18<sup>th</sup> birthday. The expiry date is shown on the card.

We encourage all of Lambeth's children and young people with disabilities to join the Register, this will enable us to plan and develop our services.

For further information, please contact:

**Tracy Imms**

**Children and Young People's Disability Register Coordinator**

Special Educational Needs Department

London Borough of Lambeth

PO Box 80771, London, SW2 9QQ.

Tel: 0207-926-9140

Mob: 07740 745580

Email: [timms@lambeth.gov.uk](mailto:timms@lambeth.gov.uk)

Email: [liberty@lambeth.gov.uk](mailto:liberty@lambeth.gov.uk)

## What happens next?

Please return the completed form to:

Tracy Imms

Children and Young People's Disability Register Coordinator

SEN Department

London Borough of Lambeth

PO Box 80771, London, SW2 9QQ.

- The details you have given on this form will be put onto a database. This information is confidential and is protected by law (Data Protection Act 1998).
- Your application will be reviewed by the SEN Operations Manager. Should they need further information in order to make a decision, we will contact you. If approved, we will add your child to the Children and Young People's Disability Register and issue your child with a digital Lambeth Liberty Card.
- We ask that you let us know immediately of any changes, such as address, telephone number, e mail, school, etc.
- From time to time we will send you information which may be of help to you – this will not be commercial information.
- We will keep you informed about plans for service developments and changes in the future.

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### For Office Use Only

Category for Registration (*to be completed by authorised professional*)

- |                                                        |                                                       |                                 |                                   |
|--------------------------------------------------------|-------------------------------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Moderate Physical Disability  | <input type="checkbox"/> Severe Physical Disability   |                                 |                                   |
| <input type="checkbox"/> Severe Learning Disability    | <input type="checkbox"/> Moderate Learning Disability |                                 |                                   |
| <input type="checkbox"/> Hearing Impairment            | <input type="checkbox"/> Communication Disorder       |                                 |                                   |
| <input type="checkbox"/> Profound Multiple Disability  | <input type="checkbox"/> Sight Impairment             |                                 |                                   |
| <input type="checkbox"/> Serious Mental Health Problem | <input type="checkbox"/> Behaviour                    |                                 |                                   |
| <input type="checkbox"/> Mild                          | <input type="checkbox"/> Moderate                     | <input type="checkbox"/> Severe | <input type="checkbox"/> Profound |

Approved by:..... (Signed)

Name: ..... Date: .....

## Ethnicity:

Please select what you consider your ethnic origin to be. Ethnicity is distinct from nationality:

Asian/Asian British	Black/African/Caribbean/ Black British	Other ethnic group
<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black/African/Caribbean background	<input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group
Mixed/multiple ethnic groups	White	Rather not say
<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed/multiple ethnic background	<input type="checkbox"/> English <input type="checkbox"/> Northern Irish <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy/Irish traveller <input type="checkbox"/> Any other White background	<input type="checkbox"/> Rather not say

## Religion/Belief:

<input type="checkbox"/> No religion
<input type="checkbox"/> Buddhist
<input type="checkbox"/> Christian
<input type="checkbox"/> Hindu
<input type="checkbox"/> Jewish
<input type="checkbox"/> Muslim
<input type="checkbox"/> Sikh
<input type="checkbox"/> Atheist
<input type="checkbox"/> Any other religion
<input type="checkbox"/> Rather not say

# 1 Children & Young People’s Disability Register 0-18 Years and Lambeth Liberty Card

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This policy explains how the information we collect about you is used and your rights in relation to that information.

## 1.1 Controller DPO

Our controller Data Protection Officer (DPO) is the Head of Information Governance. Contact the [Data Protection Officer](#).

## 1.2 Information we collect

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<b>Children</b>	<b>Parents/Carers</b>	<b>Providers</b>
<ul style="list-style-type: none"><li>- personal identifiers, contacts and characteristics (such as name, contact details and address, GP, educational setting)</li><li>- special educational needs</li></ul>	<ul style="list-style-type: none"><li>- personal identifiers, contacts and characteristics (such as name, date of birth, contact details and address)</li></ul>	None

## 1.3 Purpose

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<b>Children</b>	<b>Parents/Carers</b>	<b>Providers</b>
<ul style="list-style-type: none"><li>- to provide appropriate levels of support to families with children with a disability 0-18 years</li><li>- to monitor and report on SEND needs across Lambeth.</li><li>- to assess the quality of our service and map provision for the future</li><li>- meet the statutory duties</li></ul>	<ul style="list-style-type: none"><li>- meet statutory duties</li></ul>	<ul style="list-style-type: none"><li>- meet statutory duties</li></ul>

## 1.4 Recipients

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<b>Children</b>	<b>Parents/Carers</b>	<b>Providers</b>
<ul style="list-style-type: none"><li>- Our local authority</li><li>- No other parties except as authorised by law</li></ul>		

## 1.5

## 1.6 Lawful Basis and Special Categories

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To perform tasks required as part of our statutory function with regard to:

- The Children Act 1989

## 1.7

## 1.8 Rights

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You have the right to access, rectify and delete personal information, in addition to other rights as explained in the [full version of our privacy notice](#).

You have the right to contact us with a complaint if you're unhappy with the way your personal data has been used.

We are committed to resolving complaints about our collection or use of personal information.

You also have the right to lodge a complaint with the [ICO](#) if this issue is not resolved. You may at any time control access to and use of your personal information by contacting the [Controller DPO](#).

Such control will include the ability to see what information we hold and to opt out of any use of your personal information and to prevent disclosure to any third party except as required by law or the order of a court of proper jurisdiction.

## 1.9 Additional Information

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We hold children's data securely for the set amount of time shown in our data retention schedule. For more information regarding our data retention schedule and how we keep your data safe, please visit [\[link to website\]](#)

We hold Parent/carer's data securely for the set amount of time shown in our data retention schedule. For more information regarding our data retention schedule and how we keep your data safe, please visit [\[link to website\]](#)

We hold Providers data securely for the set amount of time shown in our data retention schedule. For more information regarding our data retention schedule and how we keep your data safe, please visit [\[link to website\]](#)

To see a full version of our privacy notice, please visit our [privacy notice](#)