

Hertfordshire Additional Needs Database Membership Form

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Hertfordshire County Council
Children, Schools and Families,
County Hall, Pegs Lane, Hertford, SG13 8DF

Children, Schools and Families
01438 737500 / 01923 471500
www.hertsdirect.org/specialneeds



What is the Hertfordshire Additional Needs Database (HAND)?

The Hertfordshire Additional Needs Database is a record of children and young people in Hertfordshire who have an additional need and/or disability, aged 0-19 years.

Joining HAND is free, and is open to parents/carers voluntarily. A parent/carer can remove their child's name from HAND at any time.

A separate form must be completed for each child or young person in your family with additional needs.

Why is HAND needed?

- Each authority is required under the Children Act 1989 to maintain a database of children and young people with disabilities and additional needs who live in the area.
- HAND will be used to give anonymous demographic and numerical information to service planners, and to reply to Government reports. **No personal information will be shared in this.**
- Everyone who joins HAND will receive a free copy of HAND News, a newsletter providing information about news and services, activities and support for children and young people with additional needs and their parents. Tick the box at the end of the form if you do not wish to receive this.
- All members of HAND will receive a **membership card**. The card may help others to understand you and your child or young person's needs. It may also entitle you to concessions at **some** leisure settings, for example cinemas and museums.
- HAND will help the agencies in Hertfordshire to **plan** appropriate services for children and young people who have additional needs, and their families.
- Joining HAND does not mean that families will automatically be entitled to services in education or social care. An appropriate assessment must still take place in order to see if your child or young person needs a particular service. HAND will help to improve services and inform the adult services about needs for the future.

Please complete this form in capital letters. You do not have to fill in any part of the form you do not wish to complete, but the form must be signed by the parent, or the person with parental responsibility for the child or young person.

If you would like help with translation or need this information in large print, braille or on audio tape, or if you need other help with this information please contact the county council's customer service centre on 01923 471500 (calling from 01923 and 0208 area codes) or 01438 737500 (all other areas of Hertfordshire) or 01438 737599 (textphone).

Personal details

Child/young person's name: Date of birth:

Address:

.....

..... Post Code:

Phone number: Mobile phone:

Email address:

Gender: Male Female (please tick)

Nursery/school/college:

.....

Name and address of parent/carer if different from above:

.....

.....

Ethnic origin of child/young person

Please tick one:

- | | | | |
|-------------------------------|-----------------------|----------------------------|-----------------------|
| a) White | <input type="radio"/> | b) Mixed | <input type="radio"/> |
| British | <input type="radio"/> | White and Black | <input type="radio"/> |
| Irish | <input type="radio"/> | White and Black African | <input type="radio"/> |
| Traveller from Irish heritage | <input type="radio"/> | White and Asian | <input type="radio"/> |
| Gypsy/Roma | <input type="radio"/> | Any other mixed background | <input type="radio"/> |
| Any other White background | <input type="radio"/> | | |
| Italian | <input type="radio"/> | | |
| Turkish | <input type="radio"/> | | |

- | | | | |
|----------------------------------|-----------------------|----------------------------------|-----------------------|
| c) Asian or Asian British | <input type="radio"/> | d) Black or Black British | <input type="radio"/> |
| Indian | <input type="radio"/> | Caribbean | <input type="radio"/> |
| Pakistani | <input type="radio"/> | African | <input type="radio"/> |
| Bangladeshi | <input type="radio"/> | Any other Black background | <input type="radio"/> |
| Any other Asian background | <input type="radio"/> | | |

- | | | | |
|-------------------|-----------------------|----------------------------------|-----------------------|
| e) Chinese | <input type="radio"/> | f) Any other Ethnic Group | <input type="radio"/> |
|-------------------|-----------------------|----------------------------------|-----------------------|

I do not wish an ethnic background to be recorded

Effects of disability and special needs

Please rate your child/young person's needs in the relevant categories. You may need to put a tick in more than one area of need.

AREA OF NEED

	Low	Medium	High
Vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mobility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hand function	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental delay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication - speech/language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication behaviour/ interpersonal/social skills e.g. Autistic Spectrum Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal care – eating/drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal care – washing/dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal care - continence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health – chronic long term illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Has your child/young person been given a medical diagnosis?

Please write it here:

.....

.....

.....

Professional contacts

Please tick which people your child/young person has already had contact with:

Health Visitor	<input type="radio"/>	Special Needs Health Visitor	<input type="radio"/>
Speech and Language Therapist	<input type="radio"/>	Physiotherapist	<input type="radio"/>
Social Worker	<input type="radio"/>	Paediatrician/Consultant	<input type="radio"/>
Occupational Therapist	<input type="radio"/>	Community Nurse	<input type="radio"/>
Educational Psychologist	<input type="radio"/>	Advisory Teacher Special Educational	<input type="radio"/>
GP	<input type="radio"/>	Child and Adolescent Mental Health service (CAMHS)	<input type="radio"/>
Special Education Needs Co-ordinator (SENCO)	<input type="radio"/>		
Other			

Support services

Please tick the boxes which show the support needs of your child/young person:

- A** Already receiving this service
- B** Support is needed but not provided
- C** Support received but not adequate

	A	B	C		A	B	C
SOCIAL PROVISION				EDUCATION PROVISION			
Respite care - family based	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Mainstream school or college	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respite care - residential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Mainstream school unit or base	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long term residential care (Social Services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Special school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long term foster care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Specialist college	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting/befriending	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Home tuition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hospital school provision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child care/nursery under 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pre-school support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Support services cont.

	A	B	C		A	B	C
SOCIAL PROVISION				EDUCATION PROVISION			
After school care/youth club	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Education Psychology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leisure opportunity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Statement of Special Educational needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help in the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	An electronic communication aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special Play scheme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	A picture/symbol communication system e.g. PECS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mainstream play scheme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Communication by Makaton or signing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential holiday out of county	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Opportunity class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wheel chair user requiring modified access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Direct Payment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ADDITIONAL NEEDS			
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TRANSPORT PROVISION				Adaptation to your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Rehousing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To Leisure activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To Hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Support Group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FINANCE				Laundry Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability Living Allowance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incapacity Benefit (youth) aged16+	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Parenting class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carer's Allowance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sibling support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Income Support at aged 16+	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Continence advice/services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Benefits (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Access and use of adapted personal care and medical facilities in leisure and shopping centres	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you think your child/young person will need supported/specialist housing in the future?
 YES NO (please tick)

If you would like to know more about any of the services listed, the following organisations can give you further information or signpost you to someone who can talk with you.

DIB: Disability Information Bureau offers a free and confidential information, advice and sign posting service for parents and carers of disabled children and children with special needs. Provides support on issues including benefits, care, education, health, holidays and transport. Tel: 01438 737444 or 01923 471444 (if you are calling from an 0208 or 01923 area code) Mondays to Fridays 10am to 3pm
 Email: disability@hertscc.gov.uk Website: www.hertsdirect.org/disability

Dacorum Mencap: offers people with learning difficulties a leisure activities project run by Liz Walker, a one-to-one friendship project run by Elaine Precious and a support and development project run by Julia Goffin which supports children with learning difficulties and their parents. The organisation also offers advice, information and support.
 Tel: 01442 247675 Email: dacorum.mencap@virgin.net

Contact a Family: a National charity helping families who care for children with any disability or special need. They aim to link families together, and encourage mutual support.
 Tel: 0808 8083555 Web site: www.cafamily.org.uk

Carers in Hertfordshire: a countywide organisation for carers, including parents of disabled children. Carers in Hertfordshire aims to ensure that carers have access to information and support, signposting them on to relevant services and carer organisations as required. Carers in Hertfordshire also enables carers to be involved in consultation and the planning of services.
 Telephone: 01992 586969
 Email: contact@carersinherts.org.uk Website: www.carersinherts.org.uk

Hertfordshire Customer Service Centre
 Web site: www.hertsdirect.org/specialneeds
 Tel: 01438 737500 (Callers from 01923 or 0208 dialling codes may wish to call 01923 471500)

CONFIDENTIALITY

The information you have given will be treated as confidential. HAND is important, as it helps to give a picture of the needs of children and young people across Hertfordshire. The personal information of individual children is not shared. The information used for planning future services will be anonymous numerical information, and will not identify individuals. Every two years, you will be contacted to check the details for accuracy, and to ensure that you would like your child to remain on HAND. If you do not wish to receive a copy of HAND News, tick here:
 The information held on HAND is held in compliance with the Data Protection Act 1998.

Signature: Date:

Please print name:

Would you like to be contacted by Hertfordshire County Council if there are services or events which may be of interest to you?

YES NO (please tick)

Please return this form to the additional needs information officer, Hertfordshire County Council, Children, Schools and Families, Room 21, County Hall, Pegs Lane, Hertford, SG13 8DF and mark your envelope "HAND".

Thank you very much for taking the time to fill in this form.