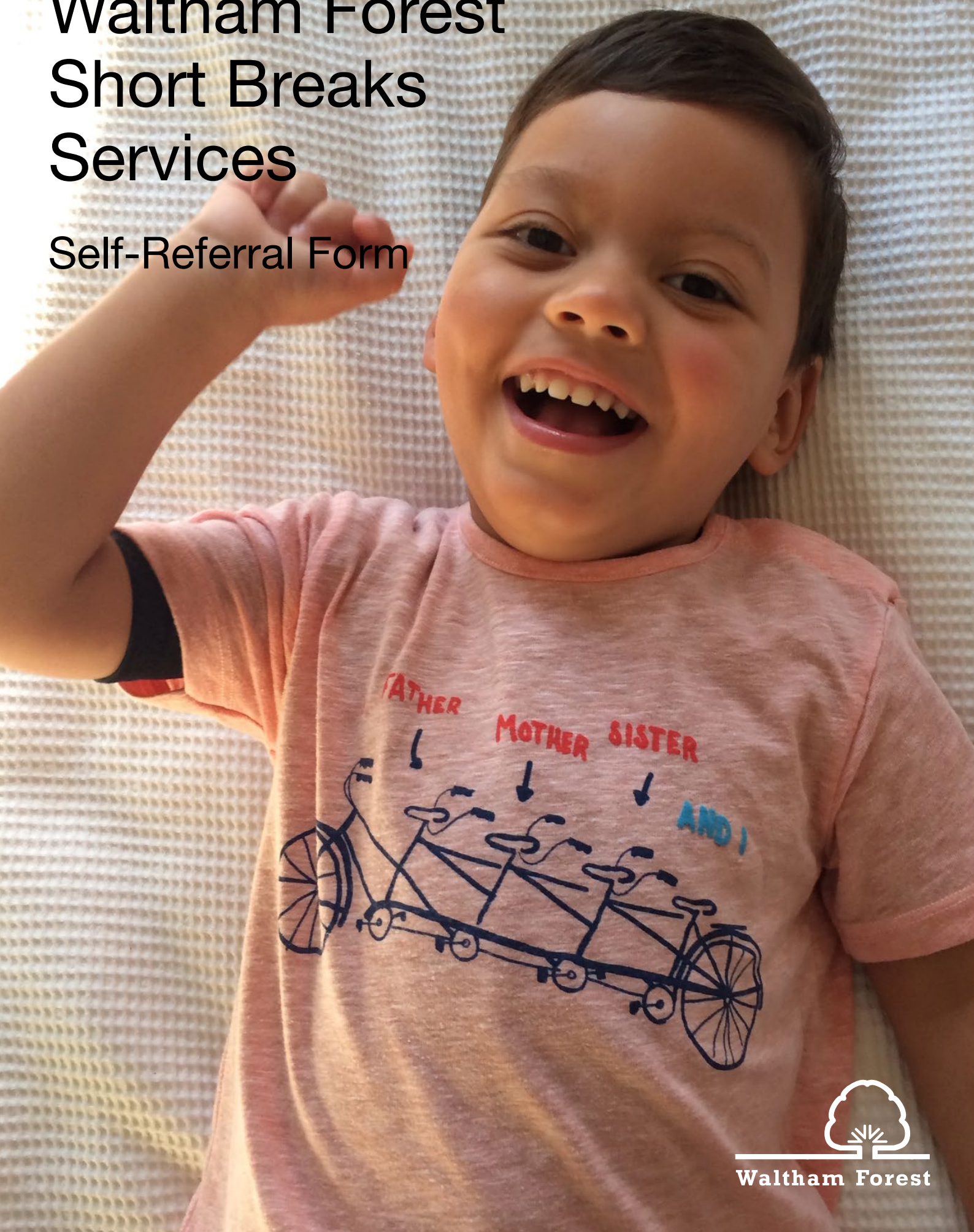


London Borough of Waltham Forest Short Breaks Services

Self-Referral Form



Waltham Forest

Self-Referral Form For Short Breaks for Disabled Children and Young People

This form is for parents/carers of children or young people who have a disability who would like their children to receive a short break service from Waltham Forest.

You do not need to fill in this form:

- If your child/family has a social worker or a family support worker. They will discuss your child's service with the Short Break Panel

Please read the Guide to Completing the Short Break Self-Referral Form before you complete this form

Should you have any questions about the Short Breaks process please contact:

SEN Team (Short Breaks)
London Borough of Waltham Forest
Wood Street Health Centre
6 Linford Road
Walthamstow, London
E17 3LA

Tel: 020 8496 3515

E-mail: shortbreaks@walthamforest.gov.uk

Application for Short Breaks

Part 1: Child/Young Person's Personal Information

Child's first name	<input type="text"/>		
Child's surname	<input type="text"/>		
Date of Birth	<input type="text"/>	Age	<input type="text"/>
		Gender	<input type="text"/>
Address	<input type="text"/>		
Telephone number	<input type="text"/>		
Home	<input type="text"/>		
Mobile	<input type="text"/>		
Work	<input type="text"/>		
E-mail address	<input type="text"/>		

Disability Living Allowance – Please tick one box in each section only

Care component		Mobility component	
You receive Lower Rate	<input type="checkbox"/>	You receive Lower Rate	<input type="checkbox"/>
You receive Medium Rate	<input type="checkbox"/>	You receive Higher Rate	<input type="checkbox"/>
You receive Higher Rate	<input type="checkbox"/>		
Do not claim DLA but your child/young person has a diagnosed disability			<input type="checkbox"/>
A claim for your child/young person has been submitted			<input type="checkbox"/>

Personal Independence Payment (PIP – for young people from the age of 16 years)

Please tick one box in each section

Care component		Mobility component	
You receive Standard Rate	<input type="checkbox"/>	You receive Standard Rate	<input type="checkbox"/>
You receive Enhanced Rate	<input type="checkbox"/>	You receive Enhanced Rate	<input type="checkbox"/>
Do not claim PIP but your child/young person has a diagnosed disability			<input type="checkbox"/>
A claim for your child/young person has been submitted			<input type="checkbox"/>

Please send a copy of your DLA/PIP benefit entitlement letter or evidence of a diagnosed disability with this application form.

Do you receive the Carers Allowance? Yes No

Disability/Additional Needs

Choose from the disabilities and additional needs listed Please tick all that apply					
Autistic Spectrum Disorder	<input type="checkbox"/>	Health condition	<input type="checkbox"/>	Behaviour difficulties	<input type="checkbox"/>
Asperger's syndrome /High functioning autism	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>	Communication difficulties	<input type="checkbox"/>
Pathological Demand Avoidance	<input type="checkbox"/>	Gastric	<input type="checkbox"/>	Global development delay	<input type="checkbox"/>
ADHD	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>	Learning difficulties	<input type="checkbox"/>
Downs syndrome	<input type="checkbox"/>			Mental Health Issues	<input type="checkbox"/>
Multi-Sensory Impairment	<input type="checkbox"/>	Genetic condition	<input type="checkbox"/>	Physical impairment (please specify)	<input type="checkbox"/>
Visual impairment	<input type="checkbox"/>	Muscular dystrophy	<input type="checkbox"/>		
Hearing impairment	<input type="checkbox"/>	Microcephaly	<input type="checkbox"/>		
Sensory difficulties	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>		
Neurological condition	<input type="checkbox"/>	Rare disorder	<input type="checkbox"/>	Undiagnosed	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Joubert Syndrome	<input type="checkbox"/>	SWAN (Syndrome without a name)	<input type="checkbox"/>
Cerebral Palsy	<input type="checkbox"/>	Friedreich's Ataxia	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
Multiple sclerosis	<input type="checkbox"/>	Pelizaeus-Merzbacher disease	<input type="checkbox"/>		
Williams Syndrome	<input type="checkbox"/>	Sotos syndrome	<input type="checkbox"/>		
Other (please specify)	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>		

Communication Needs

How does your child/young person communicate? Do they use signs or symbols?

How do they communicate with the person who looks after them, and at school?

Verbal speech only	
Verbal assisted by PECS and symbols	
Verbal assisted by Makaton	
Verbal assisted by Signalong	
Verbal assisted by pointing and leading	
Verbal persistent questioning	
Non-verbal assisted by PECS an symbols	
Non-verbal assisted by Makaton	
Non-verbal assisted by Signalong	
Non-verbal assisted by vocalisation (noises)	
Non-verbal assisted by pointing and leading	
Non-verbal (body language, behaviour etc.)	
Uses an ipad or other similar communication device	
Writing/Mark making	
BSL (British Sign Language)	
Lip-reading	
Other (please specify)	
How many words does your child understand? 1-5, 5-10, 10-15, more (please circle)	

Further information

Does your child/young person have:

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> A statement | <input type="checkbox"/> A SEN support plan | <input type="checkbox"/> Not known |
| <input type="checkbox"/> An EHC plan | <input type="checkbox"/> No plan | |

Does your child/young person attend the following:

- | | |
|--|---|
| <input type="checkbox"/> A special school | <input type="checkbox"/> Home schooled |
| <input type="checkbox"/> A mainstream school | <input type="checkbox"/> Further Education College |
| <input type="checkbox"/> Resource provision | <input type="checkbox"/> Other (please specify) _____ |

Do they attend school/college

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Part time | <input type="checkbox"/> Full time |
|------------------------------------|------------------------------------|

Name of school or pre-school service

- | | | |
|---|--|---|
| <input type="checkbox"/> Whitefield Academy Trust
Whitefield School | <input type="checkbox"/> Hornbeam Academy
Brookfield House | <input type="checkbox"/> Belmont Park School |
| <input type="checkbox"/> Joseph Clarke School | <input type="checkbox"/> William Morris | |
| <input type="checkbox"/> Other (please specify) _____ | | |

Does your child receive any services via health, for example, Haven House, or education services?

Are there any health support needs for your child? If yes, give details (e.g. epilepsy, seizures, peg feeds, naso-gastric, allergies, special diet, asthma, skin condition, diabetes, seizures)

Part 2: Information to help us understand your child's needs

Please tell us if your child requires any help with the following or if they use any aids or equipment

Mobility

Is your child/young person able to get around the house and elsewhere by themselves?

Yes

With help

Not at all

Personal care

Is your child/young person able to feed by themselves?

Yes

With help

Not at all

Is your child/young person able to wash/dress themselves?

Yes

With help

Not at all

Is your child/young person able to use the toilet by themselves?

Yes

With help

Not at all

Sleep

What time does your child/
young person go to bed?

What time does your child/
young person wake up?

Do they need any attention
during the night?

Effect on the family

How does your child/young
person disability/additional
needs affect the family?

Does your child's behave
in a way that has an impact
on you and your family
during daily activities?

Please explain


Sensory needs



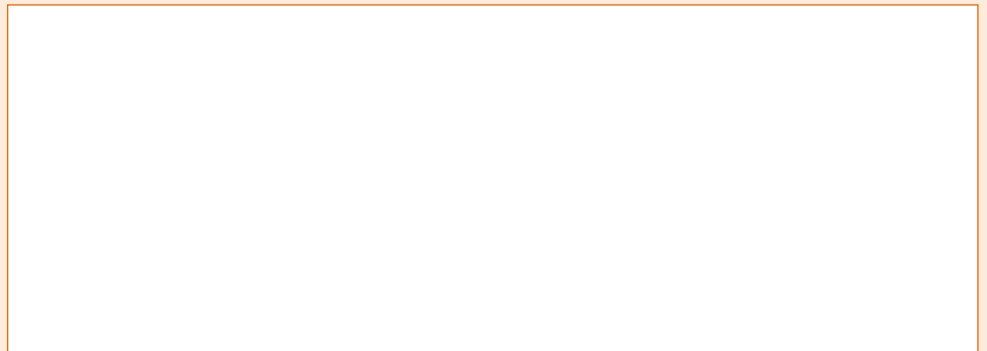
Awareness of dangers



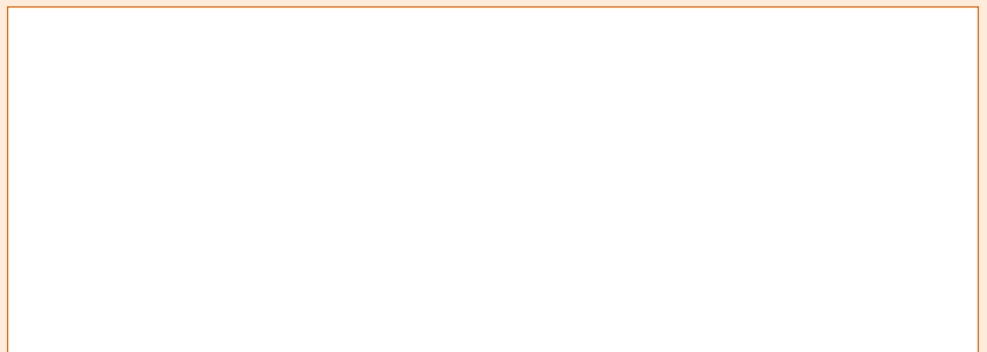
Therapies



Medication



Specialist equipment



**Accessing activities
out of the home**

A large, empty rectangular box with a thin orange border, intended for handwritten notes or answers related to the question above.

**Is there any further
information you would
like to tell us about your
child's needs?**

A large, empty rectangular box with a thin orange border, intended for handwritten notes or answers related to the question above.

Part 3: Parent(s)/Carer Personal Information

First name

Surname

Relationship to child

First name

Surname

Relationship to child

Address of parent(s)
if different from child

Details of brothers and sisters (anyone under the age of 18) who live in the same household

Name

Date of Birth

Please give details
of any disability that
he/she has

Name

Date of Birth

Please give details
of any disability that
he/she has

Name

Date of Birth

Please give details
of any disability that
he/she has

Name

Date of Birth

Please give details
of any disability that
he/she has

Name

Date of Birth

Please give details
of any disability that
he/she has

Please let us know if we can contact you in the future regarding activities and services that may be relevant to your child?

Yes

No

Please tick as appropriate

Disability Register

Yes

No

The Children's Disability Register is the register of children and young people with disabilities in Waltham Forest. It is used to plan services for them

The register is completely voluntary and can only work if as many people as possible agree to put their children on the register.

The more information we have, the better service planning will be. We also email parents with details of services, activities and events that are running in the borough and beyond as soon as we receive the information.

The Disability Register application form can be found at

<https://www.walthamforest.gov.uk/content/sign-childrens-disability-register>

Waltham Forest Parents Forum

Yes

No

Would you be interested in joining Waltham Forest Parent Forum?

Waltham Forest Parent Forum (WFPF) is a friendly, voluntary group of parents and carers of disabled children and young people aged from 0 to 25 in the London Borough of Waltham Forest. Our aim is to provide feedback on the development and direction of services for disabled children and young people in the borough to key policy makers and to support families through sharing experience and building networks.

More information can be found on the website at **www.walthamforestparentforum.com** or by emailing **walthamforestparentforum@live.co.uk**

Part 4: Services Requested

What type of Short Break services would you like your child/young person to access?

Short Breaks service you are requesting

Specify days and times when you would like this service

Please explain why you consider your child and family require this service

Short Breaks service you are requesting

Specify days and times when you would like this service

Please explain why you consider your child and family require this service

Short Breaks service you are requesting

Specify days and times when you would like this service

Please explain why you consider your child and family require this service

Short Breaks service you are requesting

Specify days and times when you would like this service

Please explain why you consider your child and family require this service

Form completed by

Relationship to child or young person

I consent for this information to be shared with partner agencies

Signed

Date

Ethnicity

The information you provide will be used only for statistical monitoring.

You do not have to provide this information if you do not want to but please let us know this by ticking the “Prefer not to say” box.

White British	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Traveller of Irish Heritage	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>
Any other White background	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Gypsy/Roma	<input type="checkbox"/>	African	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	Any other ethnic group	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	If other ethnic group please state which	<input type="checkbox"/>
Any other Mixed background	<input type="checkbox"/>		<input type="checkbox"/>
Indian	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Next Steps

Once you have completed this form please send it with accompanying documents (a copy of your DLA/PIP benefit entitlement letter or evidence of a diagnosed disability) to:

SEN Team (Short Breaks)

London Borough of Waltham Forest

Wood Street Health Centre, 6 Linford Road, Walthamstow, London, E17 3LA

Tel 020 8496 3515

Email: senteam@walthamforest.gov.uk

When your application has been received

The information you have provided about your child/young person and family will be reviewed by the Short Break Panel who will use it as a guide to allocate a service or make suggestions about other services that your child/young person may like to do.

Other professionals in the borough as well as our short break providers may also use the information to decide on service provision, to track the choices made by families and to enable fair access to short break services.

By submitting this form you are consenting to your information being shared with relevant professionals and the short break providers.

London Borough of Waltham Forest is a registered ‘Data Controller’ as defined under the Data Protection Act 1998. The information you provide will be held and processed in accordance with the Data Protection Act.