# London Borough of Waltham Forest Short Breaks Services



Self-Referral Form

# 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: Tony Connole

Short Breaks Coordinator

London Borough of Waltham Forest Wood Street Health Centre

6 Linford Road London

E17 3LA

Tel: 020 8496 3515

### E-mail: [anthony.connole@walthamforest.gov.uk](mailto:anthony.connole@walthamforest.gov.uk)

**Application for Short Breaks**

**Part 1: Child/Young Person’s Personal Information**

Child’s first name

Child’s surname

Date of Birth

Age

Gender

Address

Telephone number

Home

Mobile

Work

E-mail address

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

|  |  |
| --- | --- |
| **Care component** | **Mobility component** |
| You receive Lower Rate | You receive Lower Rate |
| You receive Medium Rate | You receive Higher Rate |
| You receive Higher Rate |  |

|  |  |
| --- | --- |
| Do not claim DLA but your child/young person has a diagnosed disability |  |
| A claim for your child/young person has been submitted |  |

**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 | You receive Standard Rate |
| You receive Enhanced Rate | You receive Enhanced Rate |

|  |  |
| --- | --- |
| Do not claim PIP but your child/young person has a diagnosed disability |  |
| A claim for your child/young person has been submitted |  |

**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 | Health condition | Behaviour difficulties |
| Asperger’s syndrome  /High functioning autism | Respiratory  Gastric | Communication difficulties  Global development delay |
| Pathological Demand Avoidance | Other (please specify) | Learning difficulties |
| ADHD |  | Mental Health Issues |
| Downs syndrome |  |  |
| Multi-Sensory Impairment  Visual impairment | Genetic condition  Muscular dystrophy | Physical impairment (please specify) |
| Hearing impairment | Microcephaly |  |
| Sensory difficulties | Other (please specify) |  |
| Neurological condition | Rare disorder | Undiagnosed |
| Epilepsy | Joubert Syndrome | SWAN |
| Cerebral Palsy | Friedreich’s Ataxia | (Syndrome without a name) |
| Multiple sclerosis Williams Syndrome Other (please specify) | Pelizaeus-Merzbacher disease  Sotos syndrome Other (please specify) | Other (please specify) |

**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: A statement

An EHC plan

A SEN support plan No plan

Not known

Does your child/young person attend the following:

A special school

A mainstream school Resource provision

Home schooled

Further Education College

Other (please specify)

Do they attend school/college

Part time Full time

Name of school or pre-school service

### Whitefield Academy Trust

Whitefield School Joseph Clarke School

### Hornbeam Academy

Brookfield House William Morris

### Belmont Park School

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**

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

**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 house.

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?

Please tick as appropriate

### Disability Register

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-**](https://www.walthamforest.gov.uk/content/sign-childrens-disability-register)[**disability-register**](https://www.walthamforest.gov.uk/content/sign-childrens-disability-register)

**Waltham Forest Parents Forum**

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**](http://www.walthamforestparentforum.com/) or by emailing [**walthamforestpar**](mailto:walthamforestparentforum@live.co.uk)[**entforum@live.co.uk**](mailto:entforum@live.co.uk)

Yes No

Yes No

Yes No

## 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 White Irish

Traveller of Irish Heritage Any other White background Gypsy/Roma

White and Black Caribbean White and Black African White and Asian

Any other Mixed background Indian

Pakistani Bangladeshi

Any other Asian background Caribbean

African

Any other Black background Any other ethnic group

If other ethnic group please state which

Prefer not to say

## 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:

MASH Referrals

London Borough of Waltham Forest

Willow House, 869 Forest Road, London, E17 4UH

Tel 020 8496 2310

### Email: [MASHrequests@walthamforest.gov.uk](mailto:MASHrequests@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.