

If you have a general query please complete this section. Remember to include your details overleaf, cut out this section and return in the prepaid envelope to the address given.



Query:



What happens now?

Once we have received a completed form we will send you a letter confirming that your child's name has been entered onto the Register. We will also send you information relevant to your child's disability about support organisations around Birmingham. You will also receive 'Just for You' the DCRIS newsletter twice a year.



Your child's name will remain on the Register until their 19th birthday, unless we are asked to remove their details beforehand for a specific reason, ie., no longer living in Birmingham.

Further information

For further information or more copies of this leaflet contact:

Disabled Children's Register and Information Service,

Harris House, 8 St Agnes Road, Moseley
Birmingham, B13 9PW

Tel: 0121-449 6375 or 303 3237

Fax: 0121-303 3106

email:

DisabledChildrensRegister@birmingham.gov.uk

web:

www.birmingham.gov.uk/disabledchildrensregister



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Disabled Children's Register and Information Service



For Children and Families

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Birmingham Social Care and Health,
Harris House
8 St Agnes Road
Moseley
Birmingham B13 9PW

Tel: 0121-449 6375

Minicom: 0121-449 6375

What is the Disabled Children's Register and Information Service (DCRIS)?

DCRIS is a joint response by Birmingham's City Council and Health Authority to a requirement under the Children Act 1989 to maintain a Register of Disabled Children [Sch. 2. Para 2(1)]. Basic information is held on a stand alone system on children aged from birth to 18, who usually live in Birmingham and who have a disability or illness likely to last for more than 12 months and which has a substantial effect on their ability to carry out everyday activities such as washing, climbing stairs, etc.

Disability for purposes of registration includes physical, learning, sensory, speech and language and health difficulties.

What is the information used for?

The information will be used to help ensure services that should be provided for disabled children are developed where they are needed most by producing statistical information, that is anonymous information, to help agencies and organisations which provide support to disabled children and their families in planning services. All information is covered by the Data Protection Act 1998 and personal information remains confidential.

How will being on the Register benefit my child?

Being on the Disabled Children's Register does not entitle a child or their family to a service from Social Care and Health or any

other agency. However, Information Support Workers within DCRIS will be on hand to provide help and information regarding your child's disability.

They will also circulate information about issues which may affect disabled children and their families, such as information on benefit changes and new services through a mailshot service carried out on behalf of other organisations. The Register will also occasionally be used to consult with disabled children and their families about current service provision and the development of new services.

How do I enter my child's name onto the Register?

The inclusion of a child's name on the Register is voluntary. There is no assessment and no need to prove the nature or extent of a child's disability before they can be included. All we ask is that your child meets the criteria given above and that you sign the form giving your permission for your child's details to be included. If you are not sure whether your child meets the criteria please ask someone at the place you picked up this leaflet or contact us.

To include your child's name complete the referral form and send it to us in the prepaid envelope (no stamp needed).

Both form and envelope should be attached to this leaflet, if not or you require this information in another language or format please contact us on number the given over or complete the slip opposite and send it to us.

DCRIS Request Slip

If you would like a referral form and envelope, please complete this side and return it to us, specifying which language you require.

Name:

Address:

Postcode:

Telephone:

Please send me copies of the referral form in: (please tick)

English Urdu

Punjabi Bengali

Arabic Other

If 'Other', please state:

For queries about general disability issues, please complete your name and address and enter your query on the other side of this slip.