

JOINT INFORMATION LINK – APPLICATION FORM



CHILD'S DETAILS

Surname	<input type="text"/>	First name	<input type="text"/>				
Previous surnames (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/>	Name also known as (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/>				
Date of birth	<input type="text"/>	Sex	<input type="text" value="M / F"/>	Religion	<input type="text"/>	Home language	<input type="text"/>
Child's address	<input type="text"/> <input type="text"/> <input type="text"/>						
		Postcode	<input type="text"/>				
NHS number	<input type="text"/>	Child's ethnic origin	<input type="text"/>				
Names of parent(s)/carer(s) with day-to-day responsibility for the child	<input type="text"/> <input type="text"/>						
Address (if different to above)	<input type="text"/> <input type="text"/> <input type="text"/>						
		Postcode	<input type="text"/>				
E-mail address	<input type="text"/>						
Child's GP (name and address of surgery)	<input type="text"/> <input type="text"/>						
Child's social worker (if applicable)	<input type="text"/>						
Child's key worker (if applicable)	<input type="text"/>						
Child's paediatrician	<input type="text"/>						
Date of final Statement of SEN (if applicable)	<input type="text"/>						
School child attends	<input type="text"/>						
Date started at the school	<input type="text"/>						

Child's Full Name:

Please describe your child's disability/disabilities by ticking the appropriate boxes below:
(If any of the categories do not apply please leave all boxes on that row empty.)

Category	Mild	Moderate	Severe	Profound
Physical Disability				
Hearing Impairment				
Visual Impairment				
Developmental Delay/Learning				
Speech /Language /Communication				
Behavioural/ Emotional/Interpersonal				
Health				
Personal Care & Independence				
Manipulation /Hand Function/ Fine Motor Skills				

Please include details of any medical diagnosis your child has been given by the Paediatrician or GP (e.g. Downs Syndrome, Autistic Spectrum Disorder etc.)

Signature of person completing the form:

Date

Printed name

Relationship to child

Parent / Carer / Other (please specify):

Contact details
(if different to above)

Tel

Reference Number:
(Office use only)



Pinpoint – the guide to services for children with special needs

As part of the registration process, parents or carers may be sent a copy of the Pinpoint guide to services. However, some children already receive copies of the guide via their school, and some parents and carers may prefer to view the Pinpoint guide on the website at <http://www.hants.gov.uk/>. To help prevent duplications and waste, please indicate if you would like to be sent a copy of the current guide and tell me your preferred delivery method for future copies and updates.

Yes

No

Would you like to be sent a copy of the current Pinpoint Guide?

How would you prefer to receive **future** copies or updates of the Pinpoint Guide? Please tick one box:

I would like a printed copy to be sent to my home address

I would like to receive a copy from my child's school

I would prefer to read it online at the Hampshire County Council website <http://www.hants.gov.uk/>

Please ensure that you have fully completed this form and the Sharing Information Form on the following page.

Please return your completed forms to:

Joint Information Link Co-ordinator
Children's Services Department
Hampshire County Council
The Castle
WINCHESTER
SO23 8UG

JOINT INFORMATION LINK – SHARING INFORMATION FORM



To help us decide if your child should be included in the Joint Information Link, we need your consent to gather and share relevant information. This information may sometimes be used for medical purposes but also to assist us with the planning and development of services.

Parents'/Carers' name(s)

- 1. (Please tick who has parental responsibility)
- 2.

Child's name:

Number of siblings (if applicable) – please circle: 1 2 3 4 more

Ages of siblings (if applicable):

Address:

.....

..... Postcode:

Telephone: Day Evening

E-mail:

Please indicate by ticking the YES/NO boxes whether or not you consent to us contacting the following agencies:

Children's Services (education and social care) Yes No

Health Services Yes No

"I consent to information being gathered from the sources indicated above and shared with Children's Services and Health Services."

Signature of parents/carers with parental responsibility:

1. Date:

2. Date:

Signature of Child/Young Person (if appropriate)

..... Date:

You may write to the Joint Information Link Co-ordinator, Children's Services Department, Hampshire County Council, The Castle, Winchester SO23 8UG, at any time to withdraw your consent for us to share information or to be included on the Joint Information Link. You may request access to records held by Children's Services that directly concern you. A leaflet giving more information is available from the Joint Information Link Co-ordinator. Information on our policies and procedures on confidentiality and disclosure of personal data are also available on request.