

Dynamic Support Register (DSR1) – Parent Form

Form must be fully completed with the DSR consent attached and sent to the email below

E-Mail: glicb.gloscypdsr@nhs.net

This form should only be completed if the child or young person has a confirmed diagnosis of learning disabilities and/or autism

Confirmed Medical Diagnosis			
Please indicate current medical diagnosis	Learning disability	Autism	Both

PART 1: Personal Information			
Name:			
Date of birth:		NHS Number:	
Usual address: (Including postcode)			
Current Location:	Please indicate one of the below:	Current Address (including postcode)	
	<input type="checkbox"/> Hospital <input type="checkbox"/> Parent/Guardian Home <input type="checkbox"/> Residential placement <input type="checkbox"/> Education placement <input type="checkbox"/> Own home <input type="checkbox"/> Living with family/friends <input type="checkbox"/> Supported Living <input type="checkbox"/> Residential Home <input type="checkbox"/> No Fixed Abode		
Gender: (Delete as appropriate)	Male	Female	Other – please specify:
Ethnicity: (highlight as appropriate)	White:	Mixed Background:	

	<ul style="list-style-type: none"> - English/Welsh/Scottish/Northern Irish/British - Irish - Gypsy or Irish Traveller - European - Any other White background: <p>Black or Black British:</p> <ul style="list-style-type: none"> - Caribbean - African - Any other black background: <p>Prefer not to answer</p>	<ul style="list-style-type: none"> - White and Black Caribbean - White and Black African - White and Asian - Any other dual heritage background: <p>Asian or Asian British:</p> <ul style="list-style-type: none"> - Indian - Pakistani - Bangladeshi - Chinese <p>Any other Asian background:</p> <p>Other Ethnic Group: please state</p>
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PART 2: Parent/Carer/Guardian

Parent/Guardian name:		Parent/Guardian name:	
Address: (Including postcode)		Address: (Including postcode)	
Contact no.		Contact no.	
Email address:		Email address:	

NB. Details of one parent only are acceptable, but it must be the parent with responsibility.

If Parental Responsibility Is Not Held by Parents

Parental Responsibility (PR) held by:		Contact no.:	
		E-mail:	Address:

GP Details

Name of GP Practice:	
Address of GP practice:	
Name of GP: (if child or young person has a named doctor)	

Education

Name of nursery, school or college attending:			
Person of Contact & Details:	Name: Telephone; Email address:		
Please indicate Education Plan:	Title	Yes / No	Held by / Case Worker name and contact details
	MY PLAN		
	MY PLAN +		
	EHCP		

Any other information?

Please add any information you feel would help us to understand your current situation.

Details of person completing information for Dynamic Support Register

Date of completion:

Name of person completing:	
Relationship to Child:	
Contact no.	
E-Mail:	

Please send completed referral form to: glicb.gloscypdsr@nhs.net