

Dynamic Support Register (DSR1)

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: <ul style="list-style-type: none"> - English/Welsh/Scottish/Northern Irish/British - Irish - Gypsy or Irish Traveller - European - Any other White background: 		Mixed Background: <ul style="list-style-type: none"> - White and Black Caribbean - White and Black African - White and Asian - Any other dual heritage background: Asian or Asian British:

	Black or Black British: <ul style="list-style-type: none"> - Caribbean - African - Any other black background: Prefer not to answer	<ul style="list-style-type: none"> - Indian - Pakistani - Bangladeshi - Chinese Any other Asian background: Other Ethnic Group: please state
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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:

Legal Status:

Please indicate:	<input type="checkbox"/> Special Guardianship Order <input type="checkbox"/> Interim Care Order <input type="checkbox"/> Full Care Order <input type="checkbox"/> Section 20 <input type="checkbox"/> None		
Section 117 Aftercare	Which authority is responsible?		
Name of Care Coordinator:		Contact phone number	
Contact email			

PART 3: Dynamic Support Register Information

Is the individual already on the Dynamic Support Register? Please indicate	YES	NO	UNKNOWN
Have you completed a Dynamic Assessment Tool (DAT)? Please indicate	YES	NO	UNKOWN
If a DAT has been completed, please indicate RAG rating	RED	AMBER	GREEN

Please provide details of the current circumstances including rationale as to why they need to be added to the DSR and for current RAG rating

Professionals & Services Involved			
Professionals & Services	Staff Name	Office Base	Contact No.
LD CAMHS:			
CAMHS			
DCYPS Social Worker			
Social Worker			
Positive Behaviour Support Service or LDISS			
Paediatrician			
EHCP Team			
Specialist Consultants			
Health Visitor/School Nurse			
Speech & Language Therapist			
Advisory Teaching Service			
CLDT Nurse			
School Teacher			
SENDIASS			

Details of person completing information for Dynamic Support Register		
Date of completion:		
Name of person completing		
Job Title/Role		
Professional Organisation: (Please tick)	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> DCYPS Social Care <input type="checkbox"/> DCYPS Early Help <input type="checkbox"/> CAMHS <input type="checkbox"/> CAMHS LD <input type="checkbox"/> Education <input type="checkbox"/> Social Care – Locality Assessment Team	<input type="checkbox"/> Children's Continuing Care <input type="checkbox"/> GCCG <input type="checkbox"/> GPCF <input type="checkbox"/> Self-Notification <input type="checkbox"/> CeTR <input type="checkbox"/> HRCM <input type="checkbox"/> GP <input type="checkbox"/> DKW Service
Contact no.		
E-Mail:		

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