Application for Carers Card

**The Heathway Centre C/O Becontree Children’s Centre**

Stevens Road, Dagenham, RM8 2QR

TheHeathwayCentre@lbbd.gov.uk

Office Use

No.

Attach Photo here

Please complete the form below to apply for your carer’s card. You must provide a passport sized photo with your child’s name written the back and **evidence of their disability**. Due to COVID-19, please email form to above email address.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Surname |  | | | Child’s first name(s) | | |  | |
| Date of Birth |  | | | Gender | | | Male/ Female | |
| Address |  | | | Telephone | | |  | |
| Email | | |  | |
| Postcode |  | | | Ethnicity | | |  | |
| **Child or young person’s additional need – tick all that apply** | | | | | | | | |
| Autism Spectrum | |  | Profound & Multiple Learning Difficulties | |  | Emotional & Behaviour Difficulties inc ADHD | |  |
| Hearing Impairment | |  | Speech, Language & Communication Needs | |  | Life-limiting or life threatening illness | |  |
| Moderate Learning Difficulties | |  | Severe Learning Disability | |  | Down’s Syndrome | |  |
| Physical Difficulties | |  | Specific Learning Disability | |  | Other – please specify below: | | |
| Visual Impairment | |  | Global Developmental Delay | |  |  | | |

**CHILDS DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Has your child received medical diagnoses for their additional need? | YES | NO | PENDING |
| If you answered yes to the above question, please provide name of the medical professional/hospital that made the diagnoses. |  | | |
| Date of Diagnoses |  | | |

**PARENT/CARERS DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Parent/Guardian/Carer 1 |  | Relationship to child |  |
| Contact number(s) |  | Email address |  |
| Name of Parent/Guardian/Carer 2 |  | Relationship to child |  |
| Contact number(s) |  | Email address |  |

Signature



Print Name

Date