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