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Application for Carers Card

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.

CHILDS DETAILS

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	<input type="checkbox"/>	Profound & Multiple Learning Difficulties	<input type="checkbox"/>	Emotional & Behaviour Difficulties inc ADHD	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	Speech, Language & Communication Needs	<input type="checkbox"/>	Life-limiting or life threatening illness	<input type="checkbox"/>
Moderate Learning Difficulties	<input type="checkbox"/>	Severe Learning Disability	<input type="checkbox"/>	Down's Syndrome	<input type="checkbox"/>
Physical Difficulties	<input type="checkbox"/>	Specific Learning Disability	<input type="checkbox"/>	Other – please specify below:	
Visual Impairment	<input type="checkbox"/>	Global Developmental Delay	<input type="checkbox"/>		

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