

MAX CARD APPLICATION FORM

Discounts at over 800 attractions nationwide



Please return completed form to:

**Max Card
The Heathway Centre
512A Heathway
Dagenham
RM10 7SJ**

What is the Max Card Scheme?

The Max Card is a national discount initiative for children and young people with additional needs (sensory, physical or a learning disability) aged 0-18 years.

Families of eligible children living in **Barking and Dagenham** can now apply to receive a FREE Max Card, courtesy of the local authority.

With the use of a Max Card, families are able to visit over 800 attractions nationwide at a discounted rate. Supporting partners include Legoland, Go Ape!, Gambado, Tenpin Bowling and Madame Tussauds. A full list of supporting partners can be found by visiting www.mymaxcard.co.uk.

Why do I need to fill this form out to obtain a free Max Card?

Barking and Dagenham Council has decided to fund the Max Card for eligible families who register their details on the **Children with Additional Needs List**. To receive a MAX card you are agreeing to have your details recorded on the **Children with Additional Needs List**. Once you have completed the form, your free Max Card will be made available for collection at The Heathway Centre.

The information provided will help the Barking and Dagenham Council plan for future services, identify any gaps in provision for children with additional needs, ensure families are kept informed on issues that may affect them and help provide valuable and relevant support to disabled/SEN children across the Borough.

The information provided will be treated as confidential and will only be used statistically by other services. No identifying personal information will be passed to any other organisation without consent from a parent of carer.

The application form for a Max Card. It features the website 'my maxcard.co.uk' at the top. Below this is a disclaimer: 'This card may be used by the authorised signatory only and in accordance with the current conditions of use. It is property of the cardholder. If found, please return to the nearest city council. Max Card cannot accept any responsibility for your card if it is lost, stolen or damaged.' There are two input fields: one for 'Card Holder Signature' and one for 'Expiry Date'.

Please send enquiries to:

Email: shortbreaks@lbbd.gov.uk
Telephone: 020 8227 5500

Max card no.			
Date issued:		Staff Initials	
Evidence of disability <i>Please tick one</i>	DLA letter		EHC/SEN
	Diagnoses Letter		Other

For office use only:

Child Details

First Name:	
Surname:	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth:	

Parent/Carer Details

First name:	
Surname:	
Relationship to child:	
Main language spoken at home:	

Contact Details

Address:		
Telephone Number:	Home:	
	Mobile:	
Email address:		
Religion:		

Ethnic Background

<p>White</p> <p><input type="checkbox"/> White – British</p> <p><input type="checkbox"/> White – Irish</p> <p><input type="checkbox"/> White – Eastern European</p> <p><input type="checkbox"/> White - Irish Traveller</p> <p><input type="checkbox"/> Any other White background</p> <p><input type="checkbox"/> Gypsy</p> <p>Black or Black British</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background</p>	<p>Mixed</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other mixed background</p> <p>Other Ethnic groups</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other ethnic group</p>	<p>Asian or Asian British</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background</p>
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Education

Name of school or pre-school:	
If the school is residential, does your child board:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have a Statement of Special Educational Need/EHC Plan:	Yes <input type="checkbox"/> No <input type="checkbox"/> In process <input type="checkbox"/>

Siblings

	Age 0-2	Age 3-4	Age 5-7	Age 8-10	Age 11-12	Age 13-15	Age 16-18
Number:							
How many of these siblings have additional needs (please give ages and details of additional need):							

Details of Additional Need

Specific Diagnosis - please tick all that apply and provide more information if you wish. If your child does not have a specific diagnosis, please tick 'other' and give more details about their needs.

ADHD (or ADD)	<input type="checkbox"/>
<u>Autistic Spectrum Disorder</u>	
Autism	<input type="checkbox"/>
Aspergers	<input type="checkbox"/>
Blind	<input type="checkbox"/>
Partially sighted	<input type="checkbox"/>
Cerebral Palsy	<input type="checkbox"/>
Chronic medical condition (please give specific details)	<input type="checkbox"/>
Cystic Fibrosis	<input type="checkbox"/>
Deaf with speech	<input type="checkbox"/>
Deaf without speech	<input type="checkbox"/>
Hard of hearing	<input type="checkbox"/>
Downs Syndrome	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>
Dyspraxia	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>
Global Developmental Delay	<input type="checkbox"/>
<u>Learning Disability</u>	
Mild	<input type="checkbox"/>
Moderate	<input type="checkbox"/>
Severe	<input type="checkbox"/>
Muscular Dystrophy	<input type="checkbox"/>
Physical Disability (please give specific details)	<input type="checkbox"/>
Spina Bifida	<input type="checkbox"/>
Other (please give details)	<input type="checkbox"/>

Personal Support Required – please tick all relevant boxes and add additional comments if you wish. These comments are often helpful for understanding your child’s needs, and shaping future services.

		Additional Comments:
Mobility in the home – walking/moving around <i>are they unstable, bump into things, unsafe if left alone...</i>	General <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walking frame <input type="checkbox"/>	
Outdoor mobility <i>do they fall over, have difficulty walking far, need support to move around...</i>	General <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walking frame <input type="checkbox"/>	
Playing <i>do they need help interacting with other children, are they obsessed with certain toys...</i>	<input type="checkbox"/>	
Personal care – <i>washing/bathing/cleaning teeth/dressing/brushing hair etc, do they need reminding or assisting...</i>	<input type="checkbox"/>	
Eating and drinking <i>do they need help with feeding, do they only eat specific food or eat in a certain way...</i>	<input type="checkbox"/>	
Night supervision <i>including night terrors, bed wetting, and difficulty sleeping...</i>	<input type="checkbox"/>	
Personal safety <i>are they safe on their own, do they have no sense of danger, are they at risk to themselves...</i>	<input type="checkbox"/>	
Continence/using toilet <i>do they need assistance, are they in nappies/pads...</i>	<input type="checkbox"/>	
Learning <i>do they need help at school or at home...</i>	<input type="checkbox"/>	
Communication <i>do they need any aids or use sign language, do they have difficulty with speech and/or language...</i>	<input type="checkbox"/>	
Behaviour <i>do they have aggressive or unpredictable behaviour, do they struggle to understand how to behave in certain situations...</i>	<input type="checkbox"/>	
Relating to others/social integration <i>do they find it hard to be around or talk with other people...</i>	<input type="checkbox"/>	
Expressing needs/being understood <i>do they have difficulty in communicating their needs or</i>	<input type="checkbox"/>	

<i>finding the correct words...</i>		
Can your child access mainstream activities without additional support:	Yes/ No	

I agree to my child's details being recorded on the Children with Additional Needs List and declare that the information provided on this form is, to the best of my knowledge, accurate at the time of completion:

Signature of main Parent or Carer

Print Name

Date

Email

*Please tick this box if you would like to be added to our mailing list to keep you informed of events, activities and information the borough provides to support children with additional needs.

Thank you for completing the form. The information will be held on a computer on a protected database. Under the Data Protection Act 1998, you have a right to see, update, or withdraw information held at any stage.

N.B. If your child does not have a Statement of SEN or EHCP, you will need to provide evidence of your child's additional need/ disability e.g. GP or CAMHS letter or proof of DLA.