



Doncaster Parents Voice



Registration Form

Parent Carer Details			
Full Name			
Ethnicity			
House Number		Post Code	
Email Address			
Telephone No			
Childs Details	Children up to 25 years are eligible		
Full Name		Gender	
Year of Birth		Ethnicity	
School			
PLEASE NOTE - child must be a resident in Doncaster or the areas under the authority of Doncaster Council			
No. of siblings			
Please list any siblings and their DOB's that live in the same household			
Childs Disability Details			
Please tick as applicable	YES		YES
Autism Spectrum Disorder (ASD)		Hearing Impairment	
Physical Disability		Visual Impairment	
Sensory Processing Disorder		Multi-Sensory Impairment (Deaf and Blind)	
Attention Deficit Hyperactivity Disorder (ADHD)		Moderate Learning Disability (MLD)	
Speech, Language and Communication Needs (SLCN)		Severe Learning Disability (SLD)	
Social, Emotional and Mental Health Needs (SEMH)		Profound and Multiple Learning Disability (PMLD)	
Specific Learning Disability (SpLD) e.g. Dyslexia or Dyspraxia			
Other (please specify below)			
Evidence			
Please provide evidence of your child's disability. Please tick below which form of evidence you are including with your application. We do accept photocopies of documents			
Letter of diagnosis or letter confirming your child is on a pathway			
Award letter of DLA or PIP			
Proof your child attends a special school setting			
Copy of your most recent EHCP or SEN Plan			
Other (please specify)			
Max Card			
Max Card is the UK's leading discount card for days out for families of SEND and looked after children			
		YES	NO
I would like to purchase a Max Card for £6.00			
We will contact you to arrange for payment and collection of the card			
GDPR			
In accordance with GDPR and relevant UK data protection laws, Doncaster Parents' Voice, a subsidiary of Doncaster Partnership for Carers (reg. charity no. 1075455), will store all personal information provided in this form for the purpose of providing the relevant services only. Demographic data may be shared with the local authority and local NHS providers. No personal or identifiable information will be shared to any third party unless required to do so by law. For more information about your privacy and how we use your data, please contact our team via dpvoice@doncastercarers.org.uk			
I confirm that all information provided is true and accurate to the best of my knowledge. I consent to my personal information being stored and processed as outlined in the disclaimer above			
Signature		Date	
Please e-mail this application form along with any additional documents to andrew@doncastercarers.org.uk			