

Does your child/young person receives any of the following:

(please tick all that apply)

Disability Living Allowance (DLA)

Care: Lower rate Middle rate Higher rate

Mobility: Lower rate Higher rate

Personal Independent Payment (PIP):

Daily Living: Enhanced rate Standard rate

Mobility: Enhanced rate Standard rate

Gender (please tick): Male Female

Ethnicity:

Declaration:

The child or young person is:

- Aged between 0 and 19 years old
- Have a disability and/or additional need
- Lives on the Isle of Wight and/or attends a school on the Isle of Wight

First name:

Surname:

Signature:

Date:

Gateway card registration form

To register for the gateway card, please complete this form and return along with a current passport photo of the child/young person to our **freepost** address:

Freepost RTCJ-HYSH-CSYL
CYADS Unit 4, Short Breaks
Childrens Services, Floor three,
Children and Families Branch,
Isle of Wight Council,
County Hall,
Newport,
Isle of Wight
PO30 1UD

The information you provide will be used to issue a gateway card. Your information will be held on a database until the child/young person is 19 years old for monitoring and information purposes, and to help The Isle of Wight Council's Short Breaks programme meet the needs of children and young people with disabilities and/or additional needs.

Data protection act

This information may need updating from time to time. To update the information you give us or to be removed from the list please contact us at the above address

Keeping you informed

We would like to keep you updated about our Short Breaks programme, and send you information relating to Short Breaks, with details of activities and facilities that your children or young person may benefit from.

If you do not wish to receive these updates, please tick here:

Please affix your photo here using a paperclip. Do not staple, or use tape or glue.

Please make sure the child/young person's name is written on the back of the photo.

Please print and use black ink

Child or young person's name:

Date of birth:

School, college or early year's provider *(if applicable):*

Parent/Carers name(s)

Title: Mr Mrs Ms Miss Other (please state)

First name:

Surname:

Relationship to young person

Home address:

House

Street Name

Town

Postcode

Telephone number

Parents/Carers email address

My child/young person has *(please tick any that apply):*

an autistic spectrum disorder

a learning disability

a physical disability

a sensory impairment

complex health care needs

challenging behaviour

a long term or life limiting condition

attention deficit hyperactivity disorder

If your child or young person has a disability and/or additional needs other than those listed above, please provide brief details below.

How did you find out about short breaks?