

**Application Form**

Creative Breaks is a local authority commissioned service and we are required to submit

information to them about each client who registers with the service.

The information below which will be shared with the local authority.

|  |  |
| --- | --- |
| **Child’s Name**  |  |
| **Child’s Date of Birth** **and age**  |  |
| **Parent/Carer’s Name**  |  |
| **Family Address** |  |
| **Postcode** |  |
| **Telephone Number**  |  |
| **Email (required)** |  |

**Please state your child’s diagnosis e.g.** Physical / mobility, Learning Disability, Sensory Hearing, Sensory Vision, Autism / Aspergers, Behavioural including ADHD

|  |
| --- |
|  |

**Please tick which of the following you receive**

|  |  |
| --- | --- |
| My son/daughter is receiving Higher rate or Middle rate DLA *(care and/or**mobility)?* |  |
| My son/daughter is receiving Enhanced or Standard rate PIP |  |

**Please attach a copy of your DLA/PIP award**

**Without evidence of DLA/PIP your application cannot be accepted.**

**Equality Monitoring**

|  |  |  |
| --- | --- | --- |
| **White**  | British |  |
| Irish |  |
| Any other white background |  |
| **Mixed**  | White and Black Caribbean |  |
| White and Asian  |  |
| Any other mixed background |  |
| **Asian and Asian British**  | Indian |  |
| Pakistani |  |
| Any other Asian background |  |
| **Black or Black British**  | Caribbean |  |
| African |  |
| Any other black background |  |
| **Chinese or other**  | Chinese |  |
| Any other background |  |
| **Ethnic group** | Any other background  |  |

**Please read the attached document entitled Creative Breaks Service Terms**

I confirm I have read and fully understand the service terms and Privacy Notice (which were attached to this application form)

I confirm I have read and fully understand the required outcomes of the service for my family which were stated in the service terms

I confirm this service will meet my family’s needs

I confirm my son/daughter does not receive any funded social care support e.g. Direct Payments

I confirm the information I have provided in this application form is accurate and current at the date of signature

I confirm if my circumstances change, and my son/daughter is no longer eligible for the service, I will contact Disability Positive immediately

|  |
| --- |
| Signature of Parent/Carer   |
| Name  |
| Relationship to Young Person   |
| Date |

**Please return to** **CBapplications@disabilitypositive.org**