

For Office Use		
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Date Received:		
Date IC Booked:		
Date of IC:		



CHILDREN SERVICES APPLICATION FORM

Child's Name:

Date of Birth:

PERSONAL INFORMATION ABOUT THE CHILD

Please provide as much information as possible to help us understand your child and their needs- please highlight if there is anything which you feel is important for your child's safety or the safety of others.

ABOUT THE CHILD	
Child's first name	Date of Birth
Child's surname	
Child's Sex	Age
Address	Day telephone number
Postcode	Evening telephone number

ABOUT THE MAIN CARERS

Parent / Primary carers name: Age: Does this person have parental responsibility?: Occupation: Contact Telephone numbers (mobile or work): E-mail Address:	Parent / Secondary carers name: Age: Does this person have parental responsibility?: Occupation: Contact Telephone numbers (mobile or work): E-mail Address:
If neither of the above have parental responsibility please provide name and contact details of Social Worker:	
Which parent/carer(s) does the child normally live with?	

EMERGENCY CONTACTS IN ADDITION TO MAIN CARER(S)

Emergency Contact person #1	Emergency Contact person #2
Relationship to child	Relationship to child

Please attach a recent photo of your child here

Please give brief summary of the circumstances surrounding your child's birth, mother's pregnancy, other pregnancies, miscarriages etc...

At how many weeks gestation was your child born?

What was his/her birth weight?

Did your child receive any aftercare (e.g. oxygen, surgery etc...) following birth or acquired brain injury if so, please specify

If your child has an acquired brain injury, please state how and when the brain injury took place.

What is your child's present state of health? (Please give details of any specific medical problems)

Does your child have epilepsy? YES/NO

If yes, how do your child's seizures present themselves and how long do they last for?

Does your child have any medication to control their seizures? If yes, please specify

Has your child had any orthopaedic surgery? If yes, please give details

Does your child have any difficulties in the following areas: If yes please give details

Hearing difficulties:

Visual difficulties:

Other sensory difficulties:

Is your child on any other medication? If yes, please give details

Does your child have any allergies? If yes, please give details

Please provide details of any professionals involved with your child:

Name	Job Title	Address	Contact Number
Name	Job Title	Address	Contact Number
Name	Job Title	Address	Contact Number

Name	Job Title	Address	Contact Number
Name	Job Title	Address	Contact Number
Name	Job Title	Address	Contact Number

DEVELOPMENT

YOUR CHILD'S DEVELOPMENT

If your child has reached any of the milestones below, please give approximate ages when achieved. If they are still working towards these skills, please try to indicate the current level of ability. (Please use an additional sheet if required).

Head Control (i.e., able to lift head up):

Rolling:

Crawling:

Sitting (on floor or on chair):

Standing:

Stepping:

Moving from sitting to standing:

Walking:

Use of hands (i.e., grasping, releasing, transferring objects):

SELF CARE SKILLS

Please give details of your child's current level of abilities in the following areas:

Eating/drinking (If your child has any specific difficulties with eating or drinking (e.g., tube fed, aspiration etc... please specify):

Dressing/undressing:

Potty/toilet training:

COMMUNICATION

Please describe how your child indicates his/her needs (e.g., smiling, crying, talking etc...)

Give details of any assistive devices used to communicate (e.g., signing, symbols, computer etc...)

Does your child have any difficulties in understanding spoken language? If yes, please specify

Does your child see a speech and language therapist? If so, please provide copies of any reports/advice given

GENERAL INFORMATION

ANY EXTRA INFORMATION

Does your child have any siblings? or people that they are close to other than their parents/primary carers?

Does your child follow any religious and/or cultural beliefs that you would like us to be aware of?

What activities does your child particularly enjoy? Or particularly dislike? (e.g., favourite toys, people they spend time with etc...)
Please give details of any other activities, interventions or therapies that your child currently attends (e.g., swimming, horse riding, physiotherapy, conductive education etc.) including where they take place and how often
Does your child use any assistive devices (e.g., standing frame, splints, boots etc...)? If yes, please give details
Does your child attend school, nursery, childminder etc...If yes please give details
How did you find out about our services?
Perhaps most importantly, what are your aims for your child and what do you hope they will achieve by attending Rainbow Hub?
Any other comments you would like to make about your child

THANK YOU

Please return this form to Joanne Ashcroft at j.ashcroft@rainbowhub.org or Alison Holdsworth at a.holdsworth@rainbowhub.org or by post to Rainbow Hub, Salt Pit Lane, Mawdesley, Ormskirk, L40 2QX. Upon receipt of your application form one of our team will be in touch to organise a consultation for your child.

Rainbow Hub is a charity funded entirely by donations. The cost of a child attending Rainbow Hub for Conductive Education/Therapy services for a term is £2000 and whilst we heavily subsidise that fee, we do ask for a Registration Fee of £150 per term for any children accessing Conductive Education/Therapy Services. If your child is offered a place at Rainbow Hub for these services, there will be an initial 6-week trial period. There will be no charge for this period and for the remainder of the term in which they start.

There will be no charge if your child is accessing only Communication services

Registering with Rainbow Hub has many benefits, including the following:

- The offer of a weekly term time therapy session working towards long and short term aims.
- Access to a range of services including Conductive Education and Communication Programmes.
- Additional Conductive Education sessions during some school holidays.
- Opportunities to use the sensory room and soft play room as a family during some school holidays.
- Professional reports to support DLA/PIP claims and EHC Plans and supporting letters when obtaining equipment or funding.
- Parent Support including help with DLA/PIP forms and parent workshops.
- Invitations to family days at Rainbow Hub and tourist attractions.

Please note there is a separate fee structure for children attending Early Years Nursery and School Holiday Provision. Full details will be provided on application.

DECLARATION

The information I have written on this form is true and accurate to the best of my knowledge and I understand that this form is not an acceptance of a place for my child but is used as part of an assessment tool to assess whether any of the services offered by Rainbow Hub are suitable for my child.

SIGN
PRINT
DATE
RELATIONSHIP TO CHILD