



Evidence of Disability and/or Additional Needs

About this form: To apply for a Gateway Card or Gateway Card+ a social worker, medical professional or other professional involved with your child, needs to provide information about your child's disability and/or additional needs.

What you need to do: Please complete sections 1 & 2, then pass the form to the professional to complete, sign and date the declaration. Once they have completed the form, please make sure you attach it with your application.

1. Parent / Carer Details <i>(To be completed by Parent / Carer)</i>	
Forename	
Surname	
Home Address	

2. Child's Details: <i>(To be completed by Parent / Carer)</i>	
Forename(s)	
Surname	
Date of Birth	

3. Professional Details <i>(This section should be completed by the professional providing evidence of the child's disability and/or additional needs.)</i>			
Full Name			
Job Title			
Certificate, registration number or professional accreditation details:			
Type of practice or organisation <i>(Please tick)</i>			
GP Practice	<input type="checkbox"/>	Social Worker/Social Work Team	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	Primary Care Team	<input type="checkbox"/>
School / Nursery SENCo	<input type="checkbox"/>	Other <i>(Please provide details below)</i>	<input type="checkbox"/>
Name of Practice or Organisation			
Address of Organisation (including Postcode)			
Contact number			
What is your involvement with the child? <i>(You only need to provide this information if it is not clear from your job title)</i>			
4. About the Child' disability and/or additional needs			
Does the child have any of the following conditions <i>(Please mark all that apply)</i>			
<input type="checkbox"/>	an autistic spectrum disorder		
<input type="checkbox"/>	a learning disability		

	a physical disability	
	a sensory/visual impairment	
	complex health care needs	
	challenging behaviour linked to the child's disability	
	other disability or requirement	

Diagnosis / working diagnosis (including any relevant dates: dd/mm/yyyy)

(If it is not possible to give either, please explain why)

(Please use a continuation sheet if necessary)

5. Professional declaration:

Sign and date below to confirm that to the best of your knowledge the information you have provided is true and complete.

Signature		Date	
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Once completed please pass the form back to the Parent or Carer

Before you send your form: We recommend you keep a copy of this form for your own records. You may require it a later date or at point of reapplication.

Where to send your form: We recommend that you scan or take a picture of this form and upload it, when completing your Gateway Card application as this form will need to be provided as a form of evidence. If you do not have the ability to upload the form, please send to the address below – please remember to pay the correct postage.

shortbreaks@hants.gov.uk

Short Breaks Team
 Procurement, Commissioning and Placement Team
 Children’s Services
 Elizabeth II Court North, 1st Floor
 The Castle, Winchester
 SO23 8UG

Contact Us: If you have any questions about your application you can email us on:

Shortbreaks@hants.gov.uk or call: **03707 793569**