

Short Break Application Form For Children with Disabilities



Welcome and thank you for applying for a short break; our current eligibility for Short Breaks is - children and young people with a permanent and substantial disability.

What is a Short Break?

Short breaks form part of a continuum of services that support children with disabilities and their families. Short breaks are to give:

- Parents and families a necessary and valuable break from caring responsibilities
- Disabled children and young people enjoyable experiences away from their primary carers, thereby contributing to their personal and social development and reducing social isolation

A Short Break is not:

- An education replacement
- A child care replacement (to enable parent to go out to work or attend full time education)
- Income based

Your application - Why is it needed? What is it needed for?

The Panel needs the detailed information provided on your application form to assess if your child is eligible for a Short Break. Your application provides information on your child's disability and how a Short Break would benefit the family as a whole. It also provides information to the Panel as to the correct type of Short Break to allocate considering age and severity / type of disability.

Consent - Why your consent is needed to obtain further information and to share your application

Your application needs to be shared with the Short Breaks Panel Members to enable them to make a decision on eligibility for a Short Break and the most suitable placement. On occasions, the Panel may also need to gather further relevant documentation relating to your child for the purpose of assessing eligibility for a Short Break. Once a short Break has been agreed, information contained within your application form needs to be shared with the identified setting, provider or relevant professionals in relation to the short break. Without your consent, gathering further information and sharing your details would not happen; this may result in a delay of assessing your child's eligibility for a Short Break and your child not being able to access their allocated Short Break. Without being able to share your details with the provider, they would not be able to facilitate a new or continue with an existing placement.

The consent box at the end of the application form (Section 17) must be signed by the parent or guardian if they wish their child's application to be considered by the Panel. The referrer CANNOT sign on the parent / guardian's behalf.

Submitting your application:

Once you have completed your form, please email it to: <u>shortbreaksECS@barnsley.gov.uk</u> or take your form along to your local Family Centre and ask them to scan and email it to the above inbox. Alternatively, you can call into the SEND Information Session which is held on the first Thursday of every month 9.30am -12.00pm at the OZone Barnsley Football Club where the staff will be happy to help you complete the form and answer you queries.

Panel process:

Once your application has been completed and submitted, it will be considered at the next Short Breaks Panel. Panels are held once a month; you will receive written confirmation of the outcome of your application within 21 working days of it being considered at Panel. Your letter will contain all of the details and contact information that you will need that is relevant to the decision that has been made.

Further Information:

Find out more information about short breaks.

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** Please note that <u>ALL</u> sections must be completed.							
If the information is <u>not provided</u> and the Consent section <u>is not signed, the application will not</u> be							
	presented for consider						
Name of Child:							
Name of Child.				M / F			
DOB:			Age of Child:				
Name of Parents / Carers:							
	Name		Age	Relationship to Child			
Name and ages of							
siblings or any other family members in							
the household:							
Address:							
Postcode							
Telephone Number:							
Email Address:							
Ethnicity / Religion:		Preferred first	language:				

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Details of Referrer (if different to above)				
Name of Referrer:				
Agency/Organisation:				
Involvement with the child / family:				
Telephone Number:				
Email address:				
Date of Referral:				

		children young propie fa BARNSLEY CYP TR
1. Does the child a	access any groups or activities?	
(e.g. Brownies, S	Scouts, after school club etc., nursery, childminder)	
	Details:	
🗌 Yes 🗌 No		
2. Is this a <u>New Ap</u>	oplication or a <u>Change to an Existing</u> Short Break?	
	Details of Existing Short Break: (where and how many hours/sessions per week)	
🗌 New 🗌 Change		

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<i>please state the actual diagnosis and details of when/who made the diagnosis</i> (Please provide additional sheet if required)					
Date of diagnosis	Diagnosis	By whom/where			
4. How does this affect t	he child and what are their individual	needs:			

5. Is an Early Help Assessment in place or does the child have an Education, Health and Care Plan? (please provide a copy with this application)						
Is there a current EHA in	Yes	No	Don't know	EHA Number	Lead Practitioner	
place?						
Does the child have an EHCP?	Yes	No	Don't know	EHA / EHCP information attached.		

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6. Why is a short break required? - Please confirm the parent/ca	rers need for a short break/respite and the
benefit for wider family (siblings).	
(If appropriate this should include any additional information/docum	nentation to support this application). Please
include parents and carers working arrangements/patterns.	
neidae parents and carers working an angements, patterns	
7. Would parents/carers be interested in receiving information	☐ Yes ☐ No ☐ N/A
on sibling support for their other children?	
8. Would parents/carers be interested in receiving information	Yes No N/A
on young carers support for their other children?	
9. How would the child benefit from a short break? What are	e the child's interests, likes and dislikes?
10. Please indicate the type of setting, club or group that parent	ts/carers would like their child to access for
their Short Break.	

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11. Please indicate, if appropriate, how many sessions/hours are being requested each week and why that amount is required?				
12.Does the child require any additio	nal support?		Yes	
Please state any training that would r feeding / epipen etc. (This will need t	need to be undertake	-		
			Is there a care plan in place within the	
13.Please tell us the child's			setting?	
current setting - Nursery, School or College:			Yes No Don't know	
14. Can parents/carers drive Yes	No		e the parents/carers in receipt of DLA?	

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and do they have access		(optional)		
to transport: Parents/Carers are expected to transport their children to and		Rate for care	Rate for mobility	
from the short break. Are there any additional		low middle	└_ low └_high	
factors as to why parents/carers cannot transport their child to access the short break?		high		
			1]	

16. Important Information regarding the Register for Disabled Children and Young People

We would like all children who are awarded a Short Break to be included on the Register for Disabled Children and Young People. This will help us plan future Short Break Provision for Children and Young People with a Disability.

For more information please visit <u>https://barnsley.cloud.servelec-synergy.com/Synergy/Local_Offer/DCR.aspx</u>

17.

CONSENT TO SHARE INFORMATION

To be signed by hand by the Parent or Guardian only - please note that without your consent, we may not be able to facilitate a short break for your child or continue with a current placement; the reasons for this are explained in the notes on page 1.

•	I understand that I am providing agreement (consent) for Barnsley Short Breaks Panel to assess my
	child/young person's eligibility for a Short Break. As part of the assessment I give permission for the
	Panel to gather any relevant documents relating to my child for the purpose of the assessment.

- I also understand that if my child is eligible for a Short Break, I agree (consent) to the information contained within this Short Breaks application form and the EHA / ECHP (if applicable) being shared with the identified setting, provider or relevant professionals in relation to the short break.
- I am aware that I may withdraw my consent at any time or seek clarification about why information has been shared with a particular organisation.
- I agree that I have read and understood the above statements.

Child / Young Person's name:				
Parent / Guardian Signature:	Print Name:			
Relationship to child/young person:	D	Pate:		