



**North Tyneside Council**

## **Parent Carer Needs Assessment Request Form**

Please complete this form which gives North Tyneside Council permission to contact you to discuss undertaking a Parent Carer Needs Assessment

### **Personal Details for you as Parent Carer**

Name	
Date of Birth	
Address	
Preferred telephone contact number	
Email address (optional)	
Preferred language or communication needs	
Any information you would like us to be aware of when ringing you, including can we leave a message if you cannot take the call and time of day most convenient for us to call	
Nationality	
Ethnicity	

<p>Do you have parental responsibility for the child(ren) with a disability you care for?</p> <p>If you do not have parental responsibility we will not be able to undertake a parent carer needs assessment</p>	
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**Personal details of the child(ren) you are caring for**

Surname	
First name	
Date of Birth	
Male/Female	
Nature of Disability	

Surname	
First Name	
Date of Birth	
Male/Female	
Nature of Disability	

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Surname	
First Name	
Date of Birth	
Male/female	
Nature of Disability	



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**OTHER HOUSEHOLD MEMBERS.** Please also include parents not living in the child's home who have Parental Responsibility for the child.

Full Name	Date of Birth	Relationship to child	Address and Telephone Number if different from the child's	Additional Information


**Office only:**

**Date received by post/email:**

**Date call taken on phone and by whom:**