

Registration Form



Culm Valley Children's Centre

St Andrews Estate
Cullompton
EX15 1HU

01884 35993

culmvalleycc@barnardos.org.uk

Please complete all blue areas on this form, and as many other boxes as possible. This will support the development of new services in the future for you and your family

Event registered at :.....

You

First name: M
 Surname: F

Address:

 Postcode:

Telephone:

Mobile:

E-Mail:

Date of birth:

Relationship to child:
 (e.g. mother, father etc.)

Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do? Yes No
 Do you have any special requirements?

Do you smoke? Yes No

Ethnic group (see codes below):

Is English your first language? Yes No
 If 'no', what is your first language?

Second carer if applicable (e.g. partner, parent etc.)

First name: M
 Surname: F

Address:

 Postcode:

Telephone:

Mobile:

E-Mail:

Date of birth:

Relationship to child:
 (e.g. mother, father etc.)

Do they have any long-term illness, health problem or disability which limits their daily activities or the work they can do? Yes No
 Do they have any special requirements?

Do they smoke? Yes No

Ethnic group (see codes below):

Is English their first language? Yes No
 If 'no', what is their first language?

Ethnic group codes

White British	WB	Mixed: White & Black	WBC	Asian-Indian	AI
White Irish	WI	Caribbean		Asian-Pakistani	AP
White Other	WO	Mixed: White & Black	WBA	Asian-Bangladeshi	AB
Black-Caribbean	BC	African		Asian-Other	AO
Black-African	BA	Chinese	C	Mixed: White & Asian	WA
Black-Other	BO	Other ethnic group	O	Mixed: Other	MO

You (continued)

Does anybody work in your household? Yes
No

Your employment status (please tick all applicable options)

Employed: Part-time Full-time
Training: Part-time Full-time
Education: Part-time Full-time
Unemployed – looking for work
Unemployed – not looking for work
Long-term sick or disabled
Other:

Do you have a partner who lives with you? Yes
No

Second carer if applicable (e.g. partner, parent etc.)

Their employment status (please tick all applicable options)

Employed: Part-time Full-time
Training: Part-time Full-time
Education: Part-time Full-time
Unemployed – looking for work
Unemployed – not looking for work
Long-term sick or disabled
Other:

If you are the child/children's mother

Are you pregnant? Yes
No

Due date?

Were your children breastfed? Yes
No

Your child/children under 5

First name: Surname: DOB:

Ethnic group (see codes overleaf) M Do they have any long-term illness, health problem or disability? Yes
F No

Please describe any specific requirements they have:

First name: Surname: DOB:

Ethnic group (see codes overleaf) M Do they have any long-term illness, health problem or disability? Yes
F No

Please describe any specific requirements they have:

First name: Surname: DOB:

Ethnic group (see codes overleaf) M Do they have any long-term illness, health problem or disability? Yes
F No

Please describe any specific requirements they have:

Name of Doctor	
Doctor surgery and telephone Number	
Name of Health Visitor	
Health Centre and Telephone Number	

Any other information

Please read and sign the following

Data protection

- The information recorded in this form will be stored electronically and used to enable Children's Centre staff to offer appropriate support.
- At times the information may be passed to other professionals working on our behalf to provide a service to you and to Devon County Council for monitoring and evaluation purposes.
- We are legally obliged to share information with other agencies if there are safety concerns about you or your child/children.
- All data will be kept in accordance with the Data Protection Act 1998 and you have the right to access any information we hold on you or your children.

Use of photographic images

Photographs/video may be taken during groups/activities provided by the Children's Centre for use in promotion and/or service evaluation.

If you do not give permission for photographs/video to be taken of yourself or your child/children during Children's Centre activities please tick the box

Keeping informed

If you do not want to receive the Children's Centre newsletter or information on Children's Centre groups and services, please tick the box

Signed

Date

Print name