

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 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.

Only tick the box if you **do not** give permission for photographs/videos to be taken of yourself or your children during Children's Centre activities. In any event you will be asked for your permission at the time.

Keeping informed

Only tick the box if you **do not** want to receive the Children's Centre Newsletter or information on Children's Centre groups and Services.

Signed

Date

Please print name

Okehampton Area Children's Centre
The Ockment Centre, North Street,
Okehampton, EX20 1AR

Tel: 01837 658621

Email: okehamptonchildrenscentre@barnardos.org.uk



Membership Form



A Sure Start Children's Centre

Services for children under five and their families

	Main Carer (e.g. mother, father, foster parent etc)		Second Carer (e.g. mother, father, partner, grandparent etc)	
Surname				
First Name				
Male or female	Male	Female	Male	Female
Address				
Town				
Postcode				
Telephone				
Mobile				
Email				
Date of Birth				
Relationship to child (mother, father etc)				
Do you have any long term illness, health problem or disability? Any specific requirements?	Yes Please describe:	No	Yes Please describe:	No
Do you have a partner who lives with you?	Yes	No	Yes	No
Ethnic group (See codes below)				

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

	Main Carer (e.g. mother, father, foster parent etc)	Second Carer e.g. mother, father, partner, grandparent etc)
Is English your main language?	Yes / No	Yes / No
If 'no' what is your main language?		
Is anybody employed in your household?	Yes / No	Yes / No
Do you smoke?	Yes / No	Yes / No

Employment (please tick which best applies and indicate Full Time or Part Time if appropriate)		
Full time parent/carer		
Employed (includes maternity/paternity leave)	Full time / Part time	Full time / Part time
Currently not in paid employment		
Self-employed		
Education	Full time / Part time	Full time / Part time
Training	Full time / Part time	Full time / Part time
Long-term sick or disabled		
Other (please state)		

YOUR CHILDREN UNDER 5					
First Name	Surname	Date of Birth	Ethnic Group	Gender	***Long term illness, health problem or disability?
1.				Boy Girl	
2.				Boy Girl	
3.				Boy Girl	
4.				Boy Girl	

*** If so, please describe any specific requirements:

If you are the child's / children's mother:

Are you pregnant? Yes No Due Date

Were your children breastfed? (please also tick if combined with bottle)

- | | | | | |
|----|-----------------------------|-----------------------------------|-------------------------------------|--------------------------------------|
| 1. | No <input type="checkbox"/> | At birth <input type="checkbox"/> | At 6 weeks <input type="checkbox"/> | At 6 months <input type="checkbox"/> |
| 2. | No <input type="checkbox"/> | At birth <input type="checkbox"/> | At 6 weeks <input type="checkbox"/> | At 6 months <input type="checkbox"/> |
| 3. | No <input type="checkbox"/> | At birth <input type="checkbox"/> | At 6 weeks <input type="checkbox"/> | At 6 months <input type="checkbox"/> |
| 4. | No <input type="checkbox"/> | At birth <input type="checkbox"/> | At 6 weeks <input type="checkbox"/> | At 6 months <input type="checkbox"/> |

Please notify us of any changes to your contact details or other circumstances.

Please Turn Over to Complete Form