

**Sure Start
Children's Centres**

Date

Knowsley
Children's Centres
Membership Form



**Knowsley Children
and Young People's
Services**



Knowsley Council

Children's details

(please enter the details of your child(ren) aged under 11)

First name	Surname	Date of Birth	Male/Female		Ethnicity (See Table 1)	First Language	Disability/Individual Requirements		LAC - Looked After Children	
			M	F			Y	N	Y	N
		__ / __ / __	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		__ / __ / __	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		__ / __ / __	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		__ / __ / __	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		__ / __ / __	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		__ / __ / __	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If disability/individual requirements indicated above, please state details:

If child(ren) reside at a different address, please state

GP Practice and address details

Table 1 - Ethnicity

White

- 1** English, Welsh, Scottish, Northern Irish, British Irish
- 2** Irish
- 3** Gypsy or Irish Traveller
- 4** Other (please state)

Mixed/Multiple

- 5** White & Black Caribbean
- 6** White & Black African
- 7** White & Asian
- 8** Other (please state)

Asian/Asian British

- 9** Indian
- 10** Pakistani
- 11** Bangladeshi
- 12** Chinese
- 13** Other (please state)

Black/African/Black British

- 14** African
- 15** Caribbean
- 16** Other (please state)

Other Ethnic Group

- 17** Arab
- 18** Other ethnic background (please state)

Main contact

(your signed consent must be given before you provide details)

Mother Father Foster Carer Other (please state) _____

Are you the main carer of the child(ren)? Yes No

First Name _____

Surname _____

Date of Birth _____

Ethnicity (See Table 1) _____

First language if not English _____

Address _____

_____ Postcode _____

Home Tel No _____ Mobile Tel No _____

Email address _____

Please tick as appropriate:

Male Female

Are you a lone parent? Yes No

Employed 16 hours or more per week? Yes No

Employed less than 16 hours per week? Yes No

Are you unemployed? Yes No

Are you expecting a child? Yes No

If yes, please state due date _____

Do you have a disability/individual requirements? Yes No

If yes, please state _____

Please sign to confirm that you have read and understood the 'Consent' section of the form and that you agree to your information being stored and shared as stated.

Signature _____

Print Name _____ **Date** _____

Second contact

(your signed consent must be given before you provide details)

Mother Father Foster Carer Other (please state) _____

Are you the main carer of the child(ren)? Yes No

First Name _____

Surname _____

Date of Birth _____

Ethnicity (See Table 1) _____

First language if not English _____

Address _____

_____ Postcode _____

Home Tel No _____ Mobile Tel No _____

Email address _____

Please tick as appropriate:

Male Female

Are you a lone parent? Yes No

Employed 16 hours or more per week? Yes No

Employed less than 16 hours per week? Yes No

Are you unemployed? Yes No

Are you expecting a child? Yes No

If yes, please state due date _____

Do you have a disability/individual requirements? Yes No

If yes, please state _____

Please sign to confirm that you have read and understood the 'Consent' section of the form and that you agree to your information being stored and shared as stated.

Signature _____

Print Name _____ **Date** _____

Consent

Knowsley Children's Centres wish to ensure that all services and activities provided **MAKE A DIFFERENCE** to children, families and communities. We do this by recording and looking at why and how people use the different Knowsley Children's Centres services and activities. Your personal details will not be published on reports; any statistics that are produced do not refer to any families individually.

Your information will be kept safe and treated with care and respect.

It will be shared within Knowsley Metropolitan Borough Council and with partner agencies delivering Knowsley Children's Centres services and activities. Your data will not be shared with anyone outside of these agencies without your explicit consent in line with the principles of the Data Protection Act 1998.

We would also like to update your details on a regular basis to keep our records current. We will do this by asking you directly, or by asking people who deliver Knowsley Children's Centres services and activities to let us know if any of your details have changed.

For details of the information that we hold about you please contact:

The Information Officer Risk and Resilience Division Knowsley Council
PO Box 24 Archway Road Huyton Knowsley Merseyside L36 9YZ

Email: data.protection.officer@knowsley.gov.uk

For more information about Data Protection contact:

The Information Commissioner's Office
Wycliff House Water Lane Wilmslow Cheshire SK9 5AF

Tel: 01625 545 745

Web: www.informationcomissioner.gov.uk

Preferred method of contact

How would you like us to contact you? (You can tick more than one box)

Mail Telephone Email Text

Where did you hear about us?

**To ensure that we are effectively raising awareness about children's centres services across the borough, please tell us how you first heard about Children's Centres?
(please tick one only)**

- | | |
|--|---|
| <input type="checkbox"/> Family Information Service (FIS) | <input type="checkbox"/> One Stop Shop |
| <input type="checkbox"/> Knowsley Children's Centre leaflet/poster | <input type="checkbox"/> Health Visitor/Nursery Nurse |
| <input type="checkbox"/> Word of Mouth/A Friend | <input type="checkbox"/> GP |
| <input type="checkbox"/> Knowsley Children's Centre Receptionist | <input type="checkbox"/> Job Centre Plus |
| <input type="checkbox"/> Promotional Items e.g. Open Day | <input type="checkbox"/> Leisure Centre |
| <input type="checkbox"/> Children's Centre Website | <input type="checkbox"/> Library |
| <input type="checkbox"/> Birth Registration Pack | <input type="checkbox"/> Home Start |
| <input type="checkbox"/> Midwife | <input type="checkbox"/> School |
| <input type="checkbox"/> Other (please state) _____ | |

Please return this form to one of your local Sure Start Children's Centres in Knowsley, or you can post your completed form to Hilltop Children's Centre, Bedford Close, Huyton, Knowsley, L36 1XH

Please call the Family Information Service on FREEPHONE 0800 085 2022 or visit our website at www.knowsley.childrenscentres.org for the details of your local Sure Start Children's Centre.

KNOWSLEY CHILDREN'S CENTRES USE ONLY

Practitioner Name _____

Service Provider _____

Date Completed _____

Entered onto database by _____

Date entered onto database _____