

| | | |
|--|---|---|
| | You | Second Carer If applicable (eg partner, parent etc) |
| Name | | |
| Address | | |
| Postcode | | |
| Telephone | | |
| Mobile | | |
| E-Mail | | |
| Date of Birth | | |
| Relationship to Child (eg mother) | | |
| Do you have any long-term illness, health problem or disability? | Y / N (if yes please give details) | Y / N (if yes please give details) |
| Ethnic Group | | |
| Is English your first language? | Y / N | Y / N |
| If 'no' what is your first language? | | |
| Your employment status (please tick all applicable options) | Employed: Part-time Full-time Training: Part-time Full-time Education: Part-time Full-time Not working – looking for work Not working – not looking for work Long-term sick or disabled Other | Employed: Part-time Full-time Training: Part-time Full-time Education: Part-time Full-time Not working – looking for work Not working – not looking for work Long-term sick or disabled Other |
| Do you smoke? | Y / N | Y / N |
| Are you a single parent? | Y / N | |

Data protection

The information recorded in this form will be used to enable staff to offer appropriate support and for monitoring and evaluation purposes, and will be kept in accordance with the Data Protection Act 1998. This information may be used by Children's Centre staff or other professionals working on our behalf, and Devon County Council's monitoring staff. We are legally obliged to share information with other agencies if there are safety concerns about you or your child/children. You have the right to access any information we hold on you or your family and can request your details are removed from the system at any time.

Consent

I consent to my family's details being held on the Children's Centre's database (tick box if you agree)

Use of photographic images

Photographs may be taken during groups/activities provided or supported by Flying Start Children's Centre for use in promotion and/or service evaluation. I give permission for photographic/video to be taken of my child/children during these activities (tick box if you agree)

Signed

Print Name

Date

| Children in the family living at your address | | | |
|---|---------|---|--------|
| First Name | Surname | Date of Birth | Gender |
| | | | M / F |
| If your child attends a nursery, which one? | | Long-term illness, health problem/disability? | |
| | | | M / F |
| If your child attends a nursery, which one? | | Long-term illness, health problem/disability? | |
| | | | M / F |
| If your child attends a nursery, which one? | | Long-term illness, health problem/disability? | |
| Are you pregnant? Y / N If 'yes' due date: | | | |

If you are the child/children's mother

THANK YOU