

Please tell us about anyone else that are already working with your family:

Additional information (e.g. health problems, language preferences, how baby was fed, recent change in family circumstances, etc):

Information sharing within Children's Centre Services

By signing this form below, I agree that:

I have received a copy of the Information Sharing leaflet and understand how my information will be stored and updated as and when I inform Children's Centre staff of any changes to my circumstances.

I understand information about my family will only ever be shared outside of Children's Centre Services in Bath and North East Somerset if I or my partner (if applicable) have given consent beforehand. The only exception is where the sharing of information is permitted or required by law.

I would like to receive information from Children's Centre Services about services which may be of interest to me.

(please tick) Yes [] No []

Signed: _____

Date: _____

**Bath & North East
Somerset Council**



Children's Centre Services Registration Form

Family Details

Main parent or carer's last name:.....

Address:

.....

Postcode:

Main Parent/Carer Email Address:.....

Main Parent/Carer Telephone:.....

Main Parent/Carer Mobile:

Second Parent/Carer Email Address:.....

Second Parent/Carer Telephone:.....

Second Parent/Carer Mobile:.....

Health Visitor:Surgery:

If any members of the family live at a different address from the one recorded above, please provide details on a separate sheet



Child 1

Last name: 1st name:
 DOB: Male/female:
 Ethnicity*: First language:.....
 Any disability or additional needs**?

Child 2

Last name: 1st name:
 DOB: Male/female:
 Ethnicity*: First language:.....
 Any disability or additional needs**?

Child 3

Last name: 1st name:
 DOB: Male/female:
 Ethnicity*: First language:.....
 Any disability or additional needs**?

**We require information about your/your child's disability in order to identify specific services which may be relevant to you.

Is information required in another format or language?

.....

Main Parent/Carer

Last name: 1st name:
 DOB: Relationship to child(ren):.....
 If pregnant mother, when is due date?:
 Ethnicity*: First Language:.....
 Disability/additional need**:.....
 Lone parent []
 Employed [] In education or training [] Not employed []
 Not employed and claiming out-of-work benefits⁺ []

Second Parent/Carer

Last name: 1st name:
 DOB: Relationship to child(ren):.....
 If pregnant mother, when is due date?:
 Ethnicity*: First Language:.....
 Disability/additional need**:.....
 Employed [] In education or training [] Not employed []
 Not employed and claiming out-of-work benefits⁺ []

***Ethnicity Categories:** it is essential that you provide this information to help us plan future services.

- | | |
|------------------------------------|-----------------------------------|
| White British | Black Caribbean |
| White Irish | White and Black Caribbean |
| Traveller of Irish Heritage | Black African |
| Gypsy/Roma | White and Black African |
| Chinese | Any other Asian background |
| Indian | Any other Black background |
| White and Asian | Any other White background |
| Pakistani | Any other mixed background |
| Bangladeshi | Any other ethnic group |
| | Prefer not to say |

+Out-of-work benefits includes Income Support, Jobseekers Allowance, Employment and Support Allowance, Incapacity Benefit and Service Disablement Allowance and Pension Credit.