

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, registration and attendance information may be passed to other professionals working with us or on our behalf, to provide services to you and your family, and may be used by Devon County Council for monitoring and evaluation.
- 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

Is there any information you wish not to be shared with any person or organisation?

Where or how did you find out about us?

Ethnic group codes					
White-British	WB	Mixed: White and Black Caribbean	WBC	Asian-Indian	AI
White-Irish	WI	Mixed: White and Black African	WBA	Asian-Pakistani	AP
White-other	WO	Chinese	C	Asian-Bangladeshi	AB
Black-Caribbean	BC	Mixed: White and Asian	WA	Asian-other	AO
Black-African	VA	Mixed: Other	MO		
Black-Other	BO				



Membership Form

A Sure Start Children's Centre

Working for under 5's and their families

Details	You
Title (delete as appropriate)	Mr Mrs Miss Ms Other
First name	
Surname	
Address	
Postcode	
Phone / mobile:	
Email (we only send newsletters/updates by email)	
Date of birth	/ /
Country of birth	
Ethnic group (see table on reverse)	
Relationship to child (eg. mother)	
Due date if pregnant	/ /
I am interested in Antenatal Classes	YES / NO
GP's name / surgery	
Health Visitor	



Tiverton Children's Centre,
c/o Wilcombe Primary,
Lazenby Road, Tiverton, EX16 4AL
01884 250449 or
c/o Two Moors Primary,
Cowley Moor Lane, Tiverton, EX16 6HH
01884 254044



	Second carer Eg. father, mother, partner, grandparents,etc
Title (delete as appropriate)	Mr Mrs Miss Ms Other
Name	
Surname	
Address	
Postcode	
Telephone / Mobile	
Email	
Date of birth	/ /
Country of birth	
Ethnic group (see table on reverse)	
Relationship to child (eg.father)	

Your children under 5			
	1	2	3
First name			
Surname			
Date of birth	/ /	/ /	/ /
Ethnic group			
Male or Female	M / F	M / F	M / F
Nursery / school / childminder			
Any long-term illnesses, health problems or disabilities?			
Were they breastfed? (Also tick if combined with bottle)	No		
	At birth		
	At 6 wks		
	At 6 mths		

	You	Second carer
Do you have a partner who lives with you?	Yes / No	N/A
Do you have any long-term illness, health problem or disability?	Yes / No	Yes / No
Do you have any specific requirements, eg. access?		
What is your main language?		
How would you describe your level of English? (please tick)	Nil	Nil
	Basic	Basic
	Fluent	Fluent
Do you smoke?	Yes / No	Yes / No

Are you : (please tick one box)	You	Second carer
Employed Full-Time (including maternity/ paternity leave)		
Employed Part-Time		
Employed Temporary/Fixed Term		
Self-employed		
Full-time parent/carer		
In education/training		
Unemployed		
Long term sickness/disabled		
Member of the Armed Forces		
Are you receiving benefits?	Yes / No	
If yes, which?		
Are you living in temporary accommodation?	Yes / No	

