

Walsall Children's Centres deliver services, support and advice to families with children under five.

What will we use the information for?

- To let you know about services and activities
- To contact you to find out your views about Children's Centres
- To get you the support you need from other Children's Services
- To make sure we are contacting every family with children under five in Walsall
- To monitor and evaluate the services you receive

How will we keep your information safe?

- Any information you give on this form about yourself and your family will be kept in accordance with the Data Protection Act 1998.
- Data will be kept on a secure website that can only be accessed by Children's Centre staff. If you would like to see what information is kept about your family please ask at your local Children's Centre. There is a process to follow and they will help you.
- We may ask research organisations to undertake surveys for us. These organisations will be required to store the data securely and only use it for the agreed purposes.

Section 1 – Contact Details

Postcode:	Home Telephone:
Address:	Mobile Number:
	E-mail Address:
	Who is completing the form?

Section 2 – Parent/Carer Details

Parent / Carer 1

Relationship to child/ren: _____

First Name: _____

Surname: _____

Date of Birth: _____

Are you pregnant: Yes No

Estimated Due Date: / /

Do you have a disability or special needs?

Yes No

If yes, please state: _____

Ethnicity: _____

GP: _____

Main Language: _____

Ethnicity Codes

Do any of the following apply to you?

Single Parent

Claiming Working Tax Credit

Childminder

Smoker

Library user

Asylum seeker

Living in temporary accommodation

Are you currently:

Working Full Time Working Part Time

Studying Full Time Studying Part Time

Volunteering Unemployed

On Maternity Leave

01 White British	04 Mixed White and Black Caribbean	07 Mixed other	10 Asian other	13 Black other	16 Other
02 White Irish	05 Mixed White and Black African	08 Asian Indian	11 Black Caribbean	14 Chinese	17 Not Declared
03 White Other	06 Mixed White Asian	09 Asian Pakistani	12 Black African	15 Asian Bangladesh	

Section 2 – Parent/Carer Details Continued

Parent / Carer 2

First Name: _____

Surname: _____

Date of Birth: _____

Address
(if different): _____

Mobile Number: _____

Are you pregnant: Yes No

Estimated Due Date: / /

Do you have a disability or special needs?

Yes No

If yes, please state: _____

GP: _____

Relationship to child/ren: _____

Ethnicity: _____

Main Language: _____

Do any of the following apply to you?

- Single Parent Smoker
 Claiming Working Tax Credit Library user
 Childminder Asylum seeker

Living in temporary accommodation

Are you currently:

- Working Full Time Working Part Time
 Studying Full Time Studying Part Time
 Volunteering Unemployed
 On Maternity Leave

Section 3 – Child Details

First Name	Surname	Date of Birth	Gender	Birth Weight	Ethnicity	Disability/Special Needs?	Breastfed (for how long in weeks)

Section 4 – How Can We Help You?

By ticking the box you consent to us passing your information on to the relevant agency or staff team.

Smoke Alarm

We can pass on your details to the **Fire Service** who can offer a free home check and provide smoke alarms if needed.

Quit Smoking

If you are ready to quit smoking we can pass your details on to **Walsall Stop Smoking** or our **on-site staff**. These services can offer patches, gum and more to help you quit.

Volunteering

If you would like to become a volunteer with a Children's Centre we can pass on your details to the right member of staff who can let you know of any opportunities we have.

Employment & Training

If you would like to improve your interview skills, job search and accessing employment we can forward your details to training services who can help you build on your skills.

Information about local childcare

Are you looking for daycare or childminder services in Walsall? We can pass on your details to **Walsall FIS** who can find information specific to your request.

Health Services

Do you want help or information about breastfeeding, weaning, immunisations, behaviour management, parenting or healthy lifestyles, healthy eating or weight management?

Is there anything else in particular we can offer or support you with?

Signature

I understand that the information given here will be used for the purpose of marketing, research and referral to other services.

In providing the details of an additional parent/carers I accept responsibility for informing them that I have passed their details onto Walsall Children's Centres.

Signed (family): _____

Date: _____