

Family Needs or Circumstances

This information will help us to provide or plan services and check if we are meeting the needs of children living in our area. Please tick any that apply. Please advise a member of staff if you need immediate advice or support on any of these issues.

Single or Lone Parent		Teenage parent	
Low household income		In temporary accommodation	
Domestic abuse		Adopter family	
Substance e.g. alcohol/drug abuse		Parent carer with mental health issues	
One or more adults smoke		Parent carer with a disability	
Family member an offender or in prison		English is an additional language	
Child looked after/in care of local authority		Lesbian, gay or transgender family	
Child 'in need' or with a child protection plan		No adults in household who are in employment or training	
Supported by the 'Together for Families' project		Child cared for by extended family e.g. grandparent, aunt, older sibling	
Parent/carer is a member of the Armed Forces		In temporary or seasonal work	

Photographs/videos may be taken during Children's centre activities for promotion or service evaluation.

If you do not give your permission for photos/videos tick here

Agreement & How We Hold this Information

- The information on this form registers you with Cornwall's Children's Centres
- You have parental responsibility for the child/children named on this form
- The information provided will be held in accordance with the Data Protection Act 1998. Our Data protection Policy is available at www.cornwall.gov.uk
- Information may be used by the Children's Centre to offer advice or support to meet your needs
- Information may be shared with other areas of the Council to see if you are eligible for any other additional support
- We may share this information if there are any concerns regarding the welfare or safety of you and/or any of your children

Cornwall Children's Centres



Children's Centre Family Membership Form



I would like to be a member of the Children's Centre

1. Main Centre.....

2. Other Centres.....

I agree to the Children's Centre holding and using this information
(see agreement on the back page)

Name	
Signature	
Date	

EStart family ID no:

Children's Centre Family Membership Form

Family information

Address:	
Postcode:	Main language spoken:
Telephone number:	Email address:

Parent/carer details

First Name	Family Name	Date of birth	Male/ female	Relationship to child e.g. mum, dad, step parent, parent to be, foster carer	Ethnic origin (see codes below)
You					
Other adults					

Pregnancy details

Are you pregnant	Yes / no	Due date	
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Names of People who help your family

Family Doctor(GP)		Social Worker	
Midwife		Children's Centre	
Health Visitor		Other – please state	

Children

First Name	Family Name	Date of Birth	Male/ female	Additional need or Disability	Ethnic origin (see codes below)
			M / F		
			M / F		
			M / F		
			M / F		
			M / F		
			M / F		

Ethnicity Key.

Please indicate how you would describe you and your child's ethnic origin – putting the code numbers in the boxes above, e.g. 1a for White English, 3b for Asian Pakistani etc.

1	White - English (a), Welsh (b), Scottish (c), Northern Irish (d), British (e), Cornish (f), other (g)	5	Cornish
2	Mixed - White & Asian (a), White & Black Caribbean (b), White & Black African (c), Mixed Cornish (d), other (e)	6	Traveller - Gypsy/Roma (a), Irish (b), other (c)
3	Asian - Bangladeshi (a), Pakistani (b), Chinese (c), Indian (d), Asian Cornish (e), other (f)	7	Other Ethnic Group
4	Black – African (a), Black Cornish (b), Caribbean (c), other (d)	8	Not known/provided

If you would like this information in any other format please contact:

Cornwall Council, County Hall, Truro. TR1 3AY
Email: enquiries@cornwall.gov.uk

Telephone: **0300 1234 100**
www.cornwall.gov.uk