

Hackney Children's Centres Registration Form

Children's Centre Staff and Partners should complete this form during face-to-face contact with the family.

Information for parent or carer: The Hackney Learning Trust and the London Borough of Hackney in collaboration with the City and Hackney Primary Care Trust collect the following information for monitoring, analysis and data collection purposes. Your information may be disclosed to other government agencies responsible for legislation relating to children. Personal information collected in this form will only be used for the purposes it has been provided. By signing this registration form it is deemed that you understand and consent to the purposes which the information may be used for.

Parent or Carer

Mother/Father/Carer 1

Mother/Father/Carer 2

Parent/carer title (Please circle):	Mr / Mrs / Miss / Ms / Dr / Other _____	Mr / Mrs / Miss / Ms / Dr / Other _____
Parent/carer first name:		
Parent/carer last name:		
Address: If temporary tick here 1 <input type="checkbox"/> 2 <input type="checkbox"/>		
Postcode:		
Telephone (home/mobile):		
Email address:		
Relationship to child:		
Parent/carer's date of birth (DD/MM/YYYY):		
Employment Status: (Please circle)	Employed / Employed less than 16 hours / Self-Employed / Unemployed / Full-time Parent/Carer / Full-time Education / Retired	Employed / Employed less than 16 hours / Self- Employed / Unemployed / Full-time Parent/Carer / Full-time Education / Retired
Religion:		

Are you Pregnant? Due date? (DD/MM/YYYY)	Yes / No	Primary Language spoken in the home:	
Do you receive Working Family Tax Credit?	Yes / No	Does anyone in the household smoke?	Yes / No
Give details here if either carer has a Disability or Special Need		Please tick here if you are a lone parent : (Please circle gender):	Male / Female

Child 1 (please use more forms to provide information about other children and attach to the main form)

Child's first name:		Child's last name:	
Date of birth:		Child's religion:	
Gender (Please circle):	Male / Female		
G.P Surgery:		Does your child have Additional needs? (Please tick)	Portage <input type="checkbox"/> /Hackney Ark <input type="checkbox"/> /Speech Delay <input type="checkbox"/> Other _____

Child 2

Child's first name:		Child's last name:	
Date of birth:		Child's religion:	
Gender (Please circle):	Male / Female		
G.P Surgery:		Does your child have Additional needs? (Please tick)	Portage <input type="checkbox"/> /Hackney Ark <input type="checkbox"/> /Speech Delay <input type="checkbox"/> Other _____

Data protection information for parent

The Hackney Learning Trust and the London Borough of Hackney intends to fulfil all its obligations under the Data Protection Act 1998 (the Act). They will ensure that all processing of data falling within the scope of the Act is appropriately notified to the Information Commissioner. Individuals whose information is held and processed by both authorities can be assured the information will be maintained in confidence and treated with all due care. We try to keep information held about you accurate and up-to-date. However, if you find any inaccuracies you have the right to have them corrected. If you have any concerns about the processing of information by Hackney Learning Trust you may contact the Data Protection Officer, Hackney Learning Trust, 1 Reading Lane, London E8 1GQ.

Ethnicity codes (please tick the appropriate boxes)

Category	Code	Sub-category	Carer 1	Carer 2	Child 1	Child 2	Category	Code	Sub-category	Carer 1	Carer 2	Child 1	Child 2
White	WENG	English					Black/ Black British	BCRB	Caribbean				
	WSCO	Scottish						BANN	Angolan				
	WWEL	Welsh						BCON	Congolese				
	WOWB	Any Other White British						BGHA	Ghanaian				
	WIRI	Irish						BNGN	Nigerian				
	WIRT	Traveller of Irish Heritage						BSLN	Sierra Leonean				
	WALB	Albanian						BSOM	Somali				
	WGRE	Greek/Greek Cypriot						BSUD	Sudanese				
	WTUK	Turkish						BAOF	Other African				
	WTUC	Turkish Cypriot						BOTH	Any Other Black Background (country)				
	WEEU	White Eastern European (country)						Any Other Ethnic Group	OAFG	Afghan			
	WWEU	White Western European (country)					OKRD		Kurdish				
	WOTW	White Other					OVIE		Vietnamese				
	WROM	Gypsy / Roma					OLAM		Latin/ South/ Central American (country)				
							OIEG		Other Ethnic Group				
Mixed / Dual Background	MWBC	White and Black Caribbean					Asian/ British Asian	AIND	Indian				
	MWBA	White and Black African						APKN	Pakistani				
	MWAS	White and Asian						ABAN	Bangladeshi				
	MOTH	Any Other Mixed Background					Chinese	AOTH	Other Asian Background				
							CHNE	Chinese					
							REFU	'I do not wish to provide information'					
							NOBT	Information not yet obtained (for staff use)					

Main Carer signature:	Date:
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OFFICE USE ONLY (Practitioner to complete) – CHILDREN'S CENTRE NAME: _____			
Has additional support been discussed with the family? If so please state what? E.g. advice on benefits, sign posting/refer other		Does the family require advocacy, language support or interpretation service? If so please state	
Name of person completing form and organisation/agency/health visitor (Block Capitals)	New birth visit <input type="checkbox"/> / Transfer in <input type="checkbox"/>	Staff signature:	Date: