City and Hackney Children's Centres Registration Form

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

Data Protection Information for parent or carer: The London Borough of Hackney ("the Council") and the City of London ("the City") in collaboration with Homerton University Hospital collect this information to enable us to provide Early Years support services and integrated healthcare services at children's centres managed or commissioned by the City of London or Hackney council. The Council and the City complies with the principles and legal obligations set out within the UK General Data Protection Regulation (the "GDPR") and the Data Protection Act 2018 ("DPA"). The Council and the City will only use your personal information for the purposes stated above unless additional processing is required by law or in circumstances where the relevant conditions within the GDPR and DPA are satisfied. Your personal information, including special category information (as defined by the General Data Protection Regulation), may be shared between internal departments or with external agencies involved in delivering statutory and other services for which it is responsible under relevant legislation relating to children, adults and safeguarding.

For further information about how the Council and the City uses personal information and details about your rights in relation to your personal information please see our Privacy Notice at: https://hackney.gov.uk/privacy https://www.cityoflondon.gov.uk/footer/privacy-notice If you have any concerns about the processing of information by the Council you can contact the Data Protection Officer at dataprotection@hackney.gov.uk or Information.Officer@cityoflondon.gov.uk For further information about the Homerton University Hospital please see: www.homerton.nhs.uk

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□ 2□		
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

Hackney

CITY OF LONDON

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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: Gender (Please circle):	Male / Female	Child's religion:	
G.P Surgery:		Does your child have **Additional needs?** (Please tick)	Global Developmental delay ☐ Physical ☐ Sensory impairment e.g. Hearing loss ☐ Speech, language, or communication delay ☐ Diagnosis of defined condition e.g. ASD ☐ Other ☐

Child 2

Child's first name:		Child's last name:	
Date of birth: Gender (Please circle):	Male / Female	Child's religion:	
G.P Surgery:		Does your child have **Additional needs?** (Please tick)	Global Developmental delay ☐ Physical ☐ Sensory impairment e.g. Hearing loss ☐ Speech, language, or communication delay ☐ Diagnosis of defined condition e.g. ASD ☐ Other ☐

Ethnicity codes (please tick the appropriate boxes

Category	Code	Sub-category	Carer1	Carer2	Child1	Child2	Category	Code	Sub-category	Carer1	Carer2	Child1	Child2
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)						OAFG	Afghan				

	WWEU	White Western European (country)											
	WOTW	White Other					**Any Other Ethnic Group**	OKRD	Kurdish				
	WROM	Gypsy / Roma						OVIE	Vietnamese				
								OLAM	Latin/ South/ Central American (country)				
								OOEG	Other Ethnic Group				
Mixed / Dual Background	MWBC	White and Black Caribbean					**Asian/ British Asian**	AIND	Indian				
								APKN	Pakistani				
								ABAN	Bangladeshi				
	MWBA	White and Black African						AOTH	Other Asian Background				
							Chinese	CHNE	Chinese				
	MWAS	White and Asian						REFU	'I do not wish to provide information'				
	MOTH	Any Other Mixed Background						NOBT	Information not yet obtained (for staff use)				

Main Carer signature:	**Date**:

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 ☐ / Transfer in ☐	**Staff signature**:	**Date**: