

1. Details of all people living in household (Required information)

Title	First Name	Surname	Carer's Relationship To Children	Birth weight	Date Of Birth	Gender F/M	Ethnic Group (Use code from part 3)	Child Breast-feeding at 6 weeks? (please circle)	
								Yes	No
<i>First Carer</i>									
<i>Second Carer</i>									
<i>Child 1</i>									
<i>Child 2</i>									
<i>Child 3</i>									
<i>Child 4</i>									

Address	Alternative Address (if applicable)	Lone Parent	Yes	No
		Foster Carers	Yes	No
		Interpreter required?	Yes	No

Post Code	Post code	Main Language Spoken - if not English
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Housing Situation	Permanent	Temporary	How did you find out about the Children's Centre
	Please tick	Please tick	

Employment

Carer one (please circle)

01 Full Time 03 Unemployed 05 Training 07 Casual Employment 09 Retired 11 Maternity leave Other (please specify)
02 Part Time 04 Student 06 Education 08 Self-Employed 10 Semi-Retired 12 Full Time Carer

Carer two (please circle)

01 Full Time 03 Unemployed 05 Training 07 Casual Employment 09 Retired 11 Maternity leave Other (please specify)
02 Part Time 04 Student 06 Education 08 Self-Employed 10 Semi-Retired 12 Full Time Carer

Home Phone Number	Mobile Phone Number	Children's GP Surgery
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2. Other Information (If Known)

E-mail Address	Carer One Do you smoke? <i>If yes, how many per day?</i>	Carer Two Do you smoke? <i>If yes, how many per day?</i>
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School Attended by Children (if Applicable)	Child 1	Child 2	Child 3	Child 4
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3. Data Protection Declaration - Your consent will be required for the following information

Ethnic Group (Please write code in the column alongside each person's name in part 1)

White 01 British 02 Irish 03 Traveller of Irish Heritage 04 Gypsy/Roma 05 Any other White background	Mixed 06 White and Black Caribbean 07 White and Black African 08 White and Asian 09 Any other mixed background	Asian or Asian British 10 Indian 11 Pakistani 12 Bangladeshi 13 Any other Asian background	Black or Black British 14 Caribbean 15 African 16 Any other Black background	Other 17 Chinese 18 Any other ethnic background 19 I decline to answer
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Are you pregnant?	Due date?	Midwife
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Special Needs or Disability (Please state)	Carer 1	Carer 2	Child 1	Child 2	Child 3	Child 4
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If you do not want to receive service information please tick the box

Signature for Data Protection Section (Parent/Carer)	Name (in capitals) (Parent/Carer)	Please Print
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Date completed	Children's Centre Representative	Please Print
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