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| Date received at centre |  |
| Seen by  |  |

Office Use Only:

**Parent/Carer Request for Specific Group or Support**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name** | **Male/Female** | **Date of birth** | **Relationship to child** |
|  |  |  |  |
|  |  |  |  |

**Family details**

|  |  |
| --- | --- |
| **Family address:** |  |
|  | **Postcode:** |
| **Contact details:** | **Mobile:** |
| **Landline:** |
| **Email:** |
| **Ethnic details:** | **Ethnicity (Please circle):** Asian / Black / White / Mixed / Any Other (please state) |
| **Home Language:** |
| **Medical Information:** | **GP Surgery:****Do you have any special needs or disabilities? (Please circle):** Yes / No**Please Give details here:** |
| **Household Information:** | **Are you in receipt of any of the following? (Please circle):** Universal Credit / DLA / Any Other / None**Is your household income under £17,000? (Please circle):** Yes / No / Prefer not to say**Are you a lone parent? (Please circle):** Yes / No / Prefer not to say**Number of adults in household:** **Number of children in household: 0-5 …….. 6-11 …….. 11-18 ………** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full name** | **Date of birth or EDD unborn baby** | **M** | **F** | **Pre-school/ nursery attended** |
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**Children** (please include all children within the household and details of any pregnancy)

**What would you like support with?** (please provide as much information about the support you would like help with)

|  |  |
| --- | --- |
| 1.**Childs Physical Health** (healthy eating, exercise, sleep) |   |
| 2. **Emotional well-being** (Yourself and/or your child) |  |
| 3. **Keeping children safe** |   |
| 4. **Social networks**  |   |
| 5**. Boundaries and routines**  |  |
| 6. **Child development**  |   |
| 7. **Money and work**  |  |
| 8. **Child’s Speech, Language and Communication** and/or **SEND Support**  |  |
| 9. **Any other** (Conflict and relationships etc) |   |

**Is there a particular course or group that you would like to join?**

**………………………………………………………………………………..**

**Consent signatures**

I declare that all information I have provided is true to my knowledge.

By registering these details, I understand that the information will be held confidentially on the Bushy Leaze database and only shared with partner organisations such as health services and children’s agencies, for the purpose of contacting families to provide appropriate and timely services, evaluate service provision and for statistical analysis.

In accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018, any confidential information regarding your family will not be passed onto organisations outside of Children's Services partners, as mentioned above, without your consent, unless it is of a Child Protection nature, in which case information will be shared with appropriate agencies.

**I have read and understood the above and give my consent for Bushy Leaze Children and Families Centre to store the information in this form and any further information provided.**

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| Can we contact client via(Please Tick) | Phone  | Email  | Text |

Are you happy for us to use pictures taken during groups, for the purposes of funding bids and to use on social media eg. Facebook and Instagram to promote our services? (please tick below)

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |  |

Signed (parent/s)………………………………………..…………………………

Date ………………………………………………………………………………….

**Centre use only**

|  |  |  |
| --- | --- | --- |
| **Support identified** | **Caseworker allocated** | **Additional notes** |
| * 1. support
 |  |  |
| Group/ course allocation: |  |  |