

# Croydon Best Start Registration Form

Please use CAPITALS to complete this form

Registration number – to be

completed by the administrator

Please return this form to your nearest Best Start practitioner / Children's Centre or Health Clinic.

Parent/Carer Details	Parent / Carer 1	Parent / Carer 2 (tick box if same)
First Name		
Surname		<input type="checkbox"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity	Use code (bottom of page)	Use code (bottom of page)
Address		<input type="checkbox"/>
Postcode		<input type="checkbox"/>
Home Telephone Number		<input type="checkbox"/>
Mobile Number		
Email Address		
Date of Birth		
Relationship to Child		
If you are an Ofsted registered childminder, to register any minded children under 5 please provide a registration form to the child's legal guardian for completion		
If you are pregnant, please give estimated due date	In format (DD/MM/YYYY):	In format (DD/MM/YYYY):
Home Language		
Religion	<input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Prefer not to say
Are you a lone parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Status (please tick one)	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Unemployed <input type="checkbox"/> Other <input type="checkbox"/> Training/education	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Unemployed <input type="checkbox"/> Other <input type="checkbox"/> Training/education
If you consider yourself to have a disability or special need, please give details		
Emergency Contact details	Name:	Contact Number:

❖ If you have more than three children, under the age of 5, please ask for an extra form

Child Details	Child 1	Child 2	Child 3
First Name			
Surname			
Date of Birth			
Gender	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
Ethnicity	Use Code (bottom of page)	Use Code (bottom of page)	Use Code (bottom of page)
Home Language			
Please give details of any disabilities or special needs			

01	White British	06	Black African	11	Pakistani	16	Any Other Mixed Background
02	White Irish	07	Black Caribbean	12	Any Other Asian Background	17	Chinese
03	Gypsy / Roma	08	Any Other Black Background	13	White and Asian	18	Any Other Ethnic Background
04	Traveller of Irish Heritage	09	Bangladeshi	14	White and Black African	19	Prefer not to say
05	Any Other White Background	10	Indian	15	White and Black Caribbean		

**Consent for information storage and information sharing:**

By registering for Croydon Best Start you and your families information provided on this form will be stored electronically which will be accessible to Croydon Best Start service providers. For a full list of service providers contact us using the details below.

In order to provide the most appropriate support to you / your family, it may be necessary for us to share some of this information with other Croydon Council teams, Croydon Health Services NHS Trust teams and Partner agencies. All information supplied is processed and stored in accordance with the Data Protection Act 1998, and we will only share the minimum information needed to enable those teams and or agencies to provide appropriate support.

In certain situations, Croydon Council, Croydon Health Services NHS Trust and Partner agencies may be required by law to share your information with other Croydon Council teams, Croydon Health Services NHS Trust teams or Partner agencies to prevent harm to you or members of your family. If there are any concerns about the safety and / or wellbeing of a child / young person / family, local safeguarding procedures will be followed.

Information that Croydon Council, Croydon Health Services NHS Trust and Partners collect about families will be used to:

- Identify families who might be eligible or entitled to support from Croydon Council, Croydon Health Services NHS Trust and Partners;
- Carry out other statutory and specific functions related to Child Protection and Safeguarding;
- Derive statistics for local research purposes - to inform decisions about service provision and assess performance of services (quality assurance and service improvement). Any statistical data is reported in such a way that individual families cannot be identified – your information is anonymised.

I understand the information recorded in this form will be processed and stored in accordance with the Data Protection Act 1998, and used for the purpose of providing support services to me and my family.

Yes       No

I have been informed, understand and agree that some of my/ my family's information may be shared with other Croydon Council teams, Croydon Health Services NHS Trust teams and Partner agencies for the purpose of providing the most appropriate support to me and my family.

Yes       No (opt-out, this may affect the level or type of support we can provide)

I have been informed, understand and agree that some of my/ my family's information may be shared with other Croydon Council teams, Croydon Health Services NHS Trust teams and Partner agencies for research purposes to help improve the services my family and other families receive in future.

Yes       No (opt-out, this will not affect support)

If you would like to receive information about Croydon Best Start services by email please tick this box

For further information on how your information is used, please contact us at [croydonbeststart@croydon.gov.uk](mailto:croydonbeststart@croydon.gov.uk) or write to us at Croydon Best Start, Bernard Weatherill House, Floor 4, Location C, 8 Mint Walk, Croydon, CR0 1EA.

**PRINT NAME:**

**SIGNATURE:**

**DATE:**

