

# Croydon Best Start Registration Form

Please use CAPITALS to complete this form

Registration number – to be completed by the administrator

| Parent/Carer Details  |   |  |  |
|---|---|--|--|
| First Name  |   | Surname  |  |
| Gender  | <input type="checkbox"/> Male <input type="checkbox"/> Female | Ethnicity<br>use code (bottom of page)   |  |
| Address   |   |  |  |
| Postcode  |   | Home Telephone Number  |  |
| Mobile Number   |   | Email Address  |  |
| Date of Birth   |   | Relationship to Child  |  |
| If you are pregnant, please give estimated due date In format (DD/MM/YYYY):   |   | Home Language  |  |
| Religion (Please tick one)  |   | Employment Status (Please tick one)  |  |
| <input type="checkbox"/> Buddhist <input type="checkbox"/> Jewish <input type="checkbox"/> Other<br><input type="checkbox"/> Christian <input type="checkbox"/> Muslim <input type="checkbox"/> None<br><input type="checkbox"/> Hindu <input type="checkbox"/> Sikh <input type="checkbox"/> Prefer not to say |   | <input type="checkbox"/> Full time <input type="checkbox"/> Other<br><input type="checkbox"/> Part time <input type="checkbox"/> Training/education<br><input type="checkbox"/> Unemployed |  |
| Are you a lone parent? (Please tick one)  |   |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |  |  |
| If you consider yourself to have a disability or special need, please give details  |   |  |  |
| Emergency Contact details   | Name:<br>Relationship to Child:                               | Contact Number:  |  |

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

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 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 family's information provided on this form will be securely stored electronically which will be accessible to Croydon Best Start service providers subject to your consent. 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 Croydon Best Start partner agencies. All information supplied is processed and secured stored in accordance with the General Data Protection Regulation, and we will only share the minimum information needed to enable those teams and or agencies to provide appropriate support. Your information will be kept for a maximum of seven years unless you revisit or withdraw your consent. You can withdraw your consent at anytime by contacting us using the details below. After seven years we will only retain anonymised information i.e. any personal data will be removed so you and your family's information will not be identifiable. This anonymised information will be used for planning and research purposes to improve services you and other families receive in future.

In certain situations, Croydon Best Start may be required by law to share your information 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.

The information that Croydon Council, Croydon Health Services NHS Trust and Croydon Best Start 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 Croydon Best Start partners;
- Carry out other statutory and specific functions related to Child Protection and Safeguarding;
- Produce statistics for local planning and research purposes to assess performance of services and inform decisions about current and future service provision. Any statistical data is reported in such a way that individual families cannot be identified – your information is anonymised.

I understand the information recorded on this form will be processed and stored in accordance with the General Data Protection Regulation; and will be accessible to Croydon Best Start service providers, 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 Croydon Best Start 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 would like to receive information about Croydon Best Start services by email.

Yes  No (opt-out, this will not affect the level or type of support we can provide)

For more information on how your information is used please refer to the Data Privacy notice which should have been made available to you upon registration. You can also 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:**