

CONSENT

Knowsley Children's Centres wish to ensure that all services and activities provided MAKE A DIFFERENCE to children, families and communities. We do this by recording and looking at why and how people use the different Knowsley Children Centres services and activities.

Your information will be kept safe and treated with care and respect. It will be shared within Knowsley Metropolitan Borough Council and with partner agencies delivering Knowsley Children's Centres services and activities. Your data will not be shared with anyone outside of these agencies without your explicit consent in line with the principals of the Data Protection Act 1998.

We would also like to update your details on a regular basis to keep our records current. We will do this by asking you directly, or by asking the people who deliver Knowsley Children's Centres services and activities to let us know if any of your details have changed. For example, you may move to a new house or have a new baby in the family.

PUBLICITY

To ensure that we are effectively raising awareness about Children's Centres services across the borough please tell us how you first heard about Children's Centres? (please tick one only)

Children's Information Service (CIS)	<input type="checkbox"/>	Knowsley Children's Centre leaflet/poster	<input type="checkbox"/>
Word of Mouth/A Friend	<input type="checkbox"/>	Knowsley Children's Centre Activity/Service	<input type="checkbox"/>
Knowsley Children's Centre Receptionist	<input type="checkbox"/>	Promotional items e.g Opening Day	<input type="checkbox"/>
School	<input type="checkbox"/>	Midwife	<input type="checkbox"/>
Health Visitor	<input type="checkbox"/>	Community Outreach Worker	<input type="checkbox"/>
GP	<input type="checkbox"/>	Dentist	<input type="checkbox"/>
Health Clinic	<input type="checkbox"/>	Library	<input type="checkbox"/>
Leisure Centre	<input type="checkbox"/>	Other (please state)	

PLEASE RETURN THIS FORM TO ONE OF YOUR LOCAL CHILDREN'S CENTRE IN KNOWSLEY.

Please call for the location and contact number of your local Children's Centres, Children's Information Service FREEPHONE: 0800 085 2022

KNOWSLEY CHILDREN'S CENTRE USE ONLY

Date received Staff Name

Comments

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If you have any questions about your data please write to the
Data Monitoring Officer, Hilltop Children's Centre,
Bedford Close, Knowsley L36 1XH



Knowsley
Children's Centres

Sure Start Children's Centres

MEMBERSHIP FORM

Children's Centres in Knowsley bring together a range of services that work in partnership to improve the lives of all young children and their families.

The children of Knowsley deserve the best start in life so that they can achieve their goals and grow up to be happy, healthy, safe and successful members of society.

We know that there are approximately 9,000 children aged 0 - 5 in Knowsley but we also know that there are many families who have not yet accessed Knowsley Children's Centres.

You may be one of these families who could be missing out on the extensive services on offer from Children's Centres.

Are you living in Knowsley and the parent/carer or guardian of a child under 5?

If the answer is **Yes** - then please complete this form to ensure you and your family benefit from all that Children's Centres can offer.



Membership and consent form



MAIN CONTACT Signed consent opposite must be given before you provide details.

Mother Father Other (please state)

Mr / Mrs / Miss / Ms / Other (please state)

First Name Last Name Date of birth/...../.....

Ethnicity (**See Table 1**) First Language

Address Postcode

Tel Number Mobile

Are you a one parent family? Yes No Do you smoke? Yes No

Expecting a child? Yes No Due date?

Do you have a disability or special needs? Yes No If Yes please indicate

Are you employed for more than 16 hours per week? Yes No

Are you unemployed? Yes No

Are you in training or studying? Yes No

2ND CONTACT Signed consent opposite must be given before you provide details.

Mother Father Other (please state)

Mr / Mrs / Miss / Ms / Other (please state)

First Name Last Name Date of birth/...../.....

Ethnicity (**See Table 1**) First Language

Address Postcode

Tel Number Mobile

Are you a lone Parent? Yes No Do you smoke? Yes No

Expecting a child? Yes No Due date?

Do you have a disability or special needs? Yes No If Yes please indicate

Are you employed for more than 16 hours per week? Yes No

Are you unemployed? Yes No

Are you in training or studying? Yes No

Table 1: Ethnicity

White	Mixed	Asian	Black or Black British	Other Ethnicity
British	White/Black	Indian	Caribbean	Chinese
Irish	White/Black African	Pakistani	African	Other ethnic group
Other	White/Asian	Bangladeshi	Other Black background	
	Other mixed background	Other Asian background		

CHILDREN'S DETAILS - please enter the details of your child(ren) aged under 5.

First Name	Last Name	Date of Birth	Male/Female	Ethnicity (See Table 1)	Disability/Special Needs
					Yes/No
					Yes/No
					Yes/No
					Yes/No
					Yes/No
					Yes/No
					Yes/No

Does your child(ren) reside with you at the same address Yes No

If disability / special needs indicated above, please state details

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MAIN CONTACT

Signature Print Name Date

SECOND CONTACT

Signature Print Name Date

We would like you to be part of the development of services for families and children in Knowsley Children's Centres.

If you are happy to share your experiences and feedback to us please tick

A member of Knowsley Children's Centres may contact you periodically to help you to contribute to the continuous development of your Children's Centres.