

Preferred Method of Contact

Mail Telephone Email Text

Personal Data Consent

I Consent to providing Knowsley Childrens Centres with the information on this form and understand that they will share information with Knowsley Metropolitan Borough Council and partner agencies delivering services who are, or have been involved with my family. This may include but is not limited to:

- Knowsley Borough Council
- Health Services
- Schools
- Early Year settings

The information will be used to:

- Keep a record of how services are used
- Tailor the services offered to meet local needs
- Assess the performance of the children's centres
- **Keep me informed about services and activities – tick here to opt out**

My information will be stored securely and will not be shared without my consent unless the law and data protection rules allow it. Knowsley services who deliver activities will ask if my details have changed to ensure my records are up to date and I understand I can ask to see the information held about me.

I confirm that I have read, understood and agree to the Consent Statement above and I am aware of where to find further information on what will happen to my data.

| | |
|-------------------|------------------|
| Name: | Date: / / |
| Signature: | |
| Name: | Date: / / |
| Signature: | |

Further information is available at:

<http://www.knowsley.gov.uk/system-pages/privacy-policy>

www.knowsley.gov.uk/residents/care/search-for-childcare/children-s-centres

www.knowsleychildrenscentres.co.uk

www.knowsleyinfo.co.uk

V.1/4/17

Knowsley Children's Centres

Membership Form

Our Vision

Knowsley Council Children's Centre's bring together a range of services that work in partnership to improve the lives of all young children aged 0-5 years and their families.



Who completed this Membership Form with the family?

Name: _____

Service: _____

Date: _____

FAMILY ADDRESS DETAILS

| No. | House No/Name | Street Name | Town | Postcode | Landline / Mobile | Email |
|-----|---------------|-------------|------|----------|-------------------|-------|
| 1 | | | | | | |
| 2 | | | | | | |

PARENT/CARER DETAILS

| No. | Relationship | Title | Forename | Surname | Gender | DOB | Disability | Lone Parent | Ethnicity (Table 1) | First Language | Employment Status | Address No. |
|-----|--------------|-------|----------|---------|--------|-----|------------|-------------|------------------------|----------------|-------------------|-------------|
| 3 | | | | | | / / | Y / N | Y / N | | | | |
| 4 | | | | | | / / | Y / N | Y / N | | | | |

CHILDREN'S DETAILS

| No. | Title | Forename | Surname | Gender | DOB / Due Date | Disability | Ethnicity (Table 1) | First Language | LAC | Address No. |
|-----|-------|----------|---------|--------|----------------|------------|------------------------|----------------|-------|-------------|
| 5 | | | | | / / | Y / N | | | Y / N | |
| 6 | | | | | / / | Y / N | | | Y / N | |
| 7 | | | | | / / | Y / N | | | Y / N | |
| 8 | | | | | / / | Y / N | | | Y / N | |

GP DETAILS

| No. | GP Practice Name | Street Name | Town | City | Postcode |
|-----|------------------|-------------|------|------|----------|
| 9 | | | | | |

Table 1 – Ethnicity

| White | Mixed | Asian/Asian British | Black/Black British | Other |
|------------------------------------|-----------------------------------|-----------------------|---------------------|--------------------------------|
| A1 British | B1 White & Black Caribbean | C1 Indian | D1 Caribbean | E1 Arab |
| A2 White Irish | B2 White & Black African | C2 Pakistani | D2 African | E2 Any Other Group |
| A3 Any Other Background | B3 White & Asian | C3 Bangladeshi | D3 Other | E3 Not stated/Refused |
| A4 Gypsy or Irish Traveller | B4 Any Other Background | C4 Chinese | | E4 Undeclared/Not Known |
| | C5 Any Other | | | |

Please ensure all adults included on this form, sign and date overleaf