

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 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 <input type="checkbox"/> Christian <input type="checkbox"/> Muslim <input type="checkbox"/> None <input type="checkbox"/> Hindu <input type="checkbox"/> Sikh <input type="checkbox"/> Prefer not to say		<input type="checkbox"/> Full time <input type="checkbox"/> Other <input type="checkbox"/> Part time <input type="checkbox"/> Training/education <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: 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 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: