



Please use BLOCK CAPITALS to complete this form.

Data Protection Act 1998

I agree that my information will be retained by the London Borough of Waltham Forest (LBWF). It will be shared with partner organisations for research purposes; providing statistical data to those who provide funding, sharing statistical data with other professional agencies and informing me of Children Centre activities.

My personal details will remain confidential to LBWF unless a referral is made on my behalf and with my consent.

I understand that LBWF will not pass my personal information to organisations for marketing or sales purposes.

Signature		Print Name	
		Date	

Parent / Carer details (P/C)

Title (please tick) Mr Mrs Miss Ms Other

First name

Last name

Address

Postcode

Home telephone number

Mobile telephone number

e-mail address

Date of birth

Relationship to child (please tick) Mother Father Grandmother
 Grandfather Childminder Other (please state)

Are you a lone parent? YES NO

Name of GP (Doctor) or surgery

Employment status: Working full-time Unemployed Student
 Working part-time Retired Full-time parent/carers
 Other Maternity Self Employed

Country of Origin:

Religion: Buddhist Jewish Other
 Christian Muslim None
 Hindu Sikh Prefer not to say

Do you consider yourself to have a disability or special needs? YES NO

If yes, please give details:

Is English your first language? YES NO

If no, what is your first language?

Do you need an interpreter? YES NO

Are you currently pregnant? YES NO

If yes, please tell us your due date:

Please complete details of children under 5

Child 1 details (C1)

First name

Last name

Date of birth Birth Weight kg/lbs oz/gm

Gender: Female Male

Do you consider this child to have a disability or special needs? YES NO

If yes, please give details:

Child 2 details (C2)

First name

Last name

Date of birth Birth Weight kg/lbs oz/gm

Gender: Female Male

Do you consider this child to have a disability or special needs? YES NO

If yes, please give details:

Child 3 details (C3)

First name

Last name

Date of birth Birth Weight kg/lbs oz/gm

Gender: Female Male

Do you consider this child to have a disability or special needs? YES NO

If yes, please give details:

Ethnicity:	P/C					P/C			
	C1	C2	C3			C1	C2	C3	
White British	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mixed - White/Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any other Mixed Background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asian/Asian British Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black/Black British African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asian/Asian British Indian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black/Black British Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asian/Asian British Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other Black Background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any other Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed - White & Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any other ethnic group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed - White & Black African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Stated or unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for your time in completing this form.
Please complete second parent/carer details on another form and attach to this one.**

**Please return this form to
Newport Children Centre
167 Dawlish Road
Leyton, E10 6QN
Tel: 020 8988 9600**

