

Nottinghamshire Children's Centre Service



We offer support and information for parents and carers from pregnancy and with children under 5 years of age.

Request for Service Form

This form should only be used by parents/carers

Please tell us a bit about your family so we can get the right service for you.

<u>Parent / Carers</u>	Main Parent / Carer 1	Parent / Carer 2
Full Name		
Date of Birth		
Address including Post Code		Detail if different from parent / Carer 1
Gender		
Home Telephone Number		
Mobile Number		
Email Address		
Ethnicity (see table below for options)		
Do you have parental responsibility?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your relationship to the child/ren?	Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Carer <input type="checkbox"/> Other Carer <input type="checkbox"/>	Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Carer <input type="checkbox"/> Other Carer <input type="checkbox"/>

Do both parents/carers live together? Yes ☐ No ☐

Are you pregnant? Yes ☐ No ☐

If yes, what is your due date?

How many children do you have?

Which child do you require support for?

What is the main language spoken in your family?



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Children under 5	Child 1	Child 2	Child 3
First Name			
Surname			
Date of Birth			
Gender			
Ethnicity (see table below for options)			
Does your child have a disability or special educational needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please tell us the diagnosis			
Do you have parental responsibility?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of GP Surgery			
Does your child access their funded childcare?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please tell us the name of the setting			

Please tell us a bit about YOU

Are you employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a single parent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any special needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Ethnic Origin List (insert number in tables above – for Adult and Child)

White:		Asian/Asian British:		Black/African/Caribbean/Black British:	
01	English, Welsh, Scottish, Northern Irish, British	09	Indian	14	African
02	Irish	10	Pakistani	15	Caribbean
03	Gypsy or Irish Traveller	11	Bangladeshi	16	Any other Black, African, Caribbean background
04	Any other White background	12	Chinese	Other ethnic group:	
Mixed/multiple ethnic group:		13	Any other Asian background	17	Arab
05	White and Black Caribbean			18	Any other ethnic group
06	White and Black African				
07	White and Asian				
08	Any other Mixed, multiple ethnic background				

In the event of an accident, please provide an emergency contact:

Name :	<input type="text"/>
Contact tel :	<input type="text"/>

What support do you need? :

What do you want to change as parent/carer/family?

What do you want to change for your child?

Please tick the boxes you would like support with :

<input type="checkbox"/>	To know about services for me & my child	<input type="checkbox"/>	Preparing for my baby
<input type="checkbox"/>	Meeting other parents or carers	<input type="checkbox"/>	Understanding my baby or child's needs
<input type="checkbox"/>	My emotional health	<input type="checkbox"/>	Feeding my baby or child
<input type="checkbox"/>	Family life	<input type="checkbox"/>	My child's development
<input type="checkbox"/>	Sleep	<input type="checkbox"/>	My child's behaviour
<input type="checkbox"/>	Volunteering opportunities	<input type="checkbox"/>	Playing with my child
<input type="checkbox"/>	Help to get a job	<input type="checkbox"/>	My child's emotional health
<input type="checkbox"/>	I want to increase my confidence	<input type="checkbox"/>	My child's listening and communication
<input type="checkbox"/>	Domestic abuse		

Registration/referral and marketing/promotional consent

In order for you to access Nottinghamshire County Council's Children's Centre Services to comply with the Data Protection Act 2018, we need some **information about you, along with explicit consent to hold this information and use it to contact you for marketing/promotional purposes**. Please complete this section of the form and return it to your local Children's Centre. By completing, signing and returning this form you are consenting to us holding and processing your personal information to contact you about Children's Centre Services.

Children's Centre Services privacy notice

Nottinghamshire County Council will process your personal data in accordance with our privacy notice:
www.nottinghamshire.gov.uk/global-content/privacy/children-and-family-services-privacy-notices

Giving your consent for marketing or promotional activity

I consent to Nottinghamshire County Council Children's Centre Services using my personal information for the purposes described on this form and agree that Nottinghamshire County Council may contact me about Children's Centre Services.

I consent to Nottinghamshire County Council's Children's Centre Services contacting me by:

☐ Email ☐ Phone ☐ Text ☐ Post

I confirm that I have understood and agree to my personal data, and that of my child(ren) up to the age of 5 years to be used for the purpose described above. I also understand that if I no longer wish to be registered with Nottinghamshire County Council's Children's Centre Services that it is my responsibility to let them know (preferably in writing) and advise my local Children's Centre worker of this.

Parent/Carer 1: Name: Signed: Date:

Parent/Carer 2: Name: Signed: Date:

Once you have completed this form please give it to a member of your local Children's Centre Service team, or email it to the email address for the district you live in from the list below:

Nottinghamshire

Children's Centre Service



- | | |
|---------------------|--|
| • Ashfield | CC.Ashfield@nottscc.gov.uk |
| • Bassetlaw | CC.Bassetlaw@nottscc.gov.uk |
| • Broxtowe | CC.Broxtowe@nottscc.gov.uk |
| • Gedling | CC.Gedling@nottscc.gov.uk |
| • Mansfield | CC.Mansfield@nottscc.gov.uk |
| • Newark & Sherwood | CC.Newarkandsherwood@nottscc.gov.uk |
| • Rushcliffe | CCRushcliffe@nottscc.gov.uk |

...giving children
the best start



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County Council**