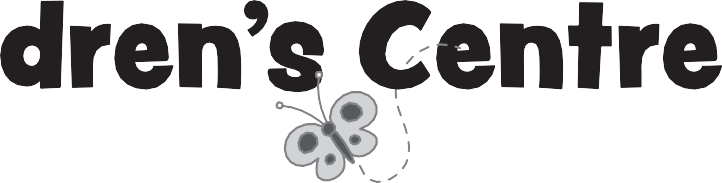
Nottinghamshire

*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.

|  |  |  |
| --- | --- | --- |
| **Parent / Carers** | 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 No | Yes No |
| What is your relationship to the child/ren? | Mother Father  Step-Parent Grandparent  Foster Carer Other Carer | Mother Father  Step-Parent Grandparent  Foster Carer Other Carer |

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?

|  |  |  |  |
| --- | --- | --- | --- |
| **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 No | Yes No | Yes No |
| If yes, please tell us the diagnosis |  |  |  |
| Do you have parental responsibility? | Yes No | Yes No | Yes No |
| Name of GP Surgery |  |  |  |
| Does your child access their funded childcare? | Yes No | Yes No | Yes No |
| If yes, please tell us the name of the setting |  |  |  |

**Please tell us a bit about YOU**

Are you employed? Yes No

Are you a single parent? Yes No

Do you have a disability? Yes No

Do you have any special needs? Yes No

**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 :

Contact tel :

**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 :

|  |  |  |  |
| --- | --- | --- | --- |
|  | To know about services for me & my child |  | Preparing for my baby |
|  | Meeting other parents or carers |  | Understanding my baby or child’s needs |
|  | My emotional health |  | Feeding my baby or child |
|  | Family life |  | My child’s development |
|  | Sleep |  | My child’s behaviour |
|  | Volunteering opportunities |  | Playing with my child |
|  | Help to get a job |  | My child’s emotional health |
|  | I want to increase my confidence |  | My child’s listening and communication |
|  | 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**](http://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.

Please tell us how you heard about the Children’s Centres;

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Social Media (Facebook) |  | Web Search |  | GP |  |
| Healthy Family Team  (Health Visitor, Family Nurse) |  | Midwife |  | School/Nursery |  |
| From a family member or friend |  | Other (please state) | | | |

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



* Ashfield [CC.Ashfield@nottscc.gov.uk](mailto:CC.Ashfield@nottscc.gov.uk)
* Bassetlaw [CC.Bassetlaw@nottscc.gov.uk](mailto:CC.Bassetlaw@nottscc.gov.uk)
* Broxtowe [CC.Broxtowe@nottscc.gov.uk](mailto:CC.Broxtowe@nottscc.gov.uk)
* Gedling [CC.Gedling@nottscc.gov.uk](mailto:CC.Gedling@nottscc.gov.uk)
* Mansfield [CC.Mansfield@nottscc.gov.uk](mailto:CC.Mansfield@nottscc.gov.uk)
* Newark & Sherwood [CC.Newarkandsherwood@nottscc.gov.uk](mailto:CC.Newarkandsherwood@nottscc.gov.uk)
* Rushcliffe [CC.Rushcliffe@nottscc.gov.uk](mailto:CC.Rushcliffe@nottscc.gov.uk)

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the best start

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