

# About your child/children

Child 1

Forename: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender:  Male  Female  Other  Prefer not to say

Ethnicity (see code guide): \_\_\_\_\_ If other, please specify: \_\_\_\_\_

What is their first language? \_\_\_\_\_

Do they have a disability or learning need?  Yes  No  Prefer not to say

Primary address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Child 2

Forename: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender:  Male  Female  Other  Prefer not to say

Ethnicity (see code guide): \_\_\_\_\_ If other, please specify: \_\_\_\_\_

What is their first language? \_\_\_\_\_

Do they have a disability or learning need?  Yes  No  Prefer not to say

Primary address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Child 3

Forename: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender:  Male  Female  Other  Prefer not to say

Ethnicity (see code guide): \_\_\_\_\_ If other, please specify: \_\_\_\_\_

What is their first language? \_\_\_\_\_

Do they have a disability or learning need?  Yes  No  Prefer not to say

Primary address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Child 4

Forename: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender:  Male  Female  Other  Prefer not to say

Ethnicity (see code guide): \_\_\_\_\_ If other, please specify: \_\_\_\_\_

What is their first language? \_\_\_\_\_

Do they have a disability or learning need?  Yes  No  Prefer not to say

Primary address: \_\_\_\_\_ Postcode: \_\_\_\_\_

## Privacy statement

Telford & Wrekin Council are collecting your personal data to enable the best possible advice, care or support to be provided and to meet the statutory requirements under the Care Act 2014, wider legislation and Article 9(2)(c) & (h) of the General Data Protection Regulations 2018 or equivalent United Kingdom legislation. Telford & Wrekin Council will not share any of your personal data collected with external organisations unless required to do so by law. However, there may be occasions where we request further information from key third party organisations such as Health or Provider organisations. For further details on the council's privacy arrangements please visit [www.telford.gov.uk/terms](http://www.telford.gov.uk/terms)



Protect, care and invest  
to create a better borough



# Welcome to our FAMILY HUBS

Telford and Wrekin Family Hubs provide a range of services for children, young people, and their families. A selection of our services are:

- **parenting support groups;**
- **breastfeeding support;**
- **antenatal support;**
- **information and advice on a range of subjects for children and families;**
- **an opportunity for you and your children to meet new friends.**

## Why register with us?

You are invited to join us by completing this registration form. This will help us to plan and provide the right services for your family.

If you find the text in this document difficult to read, we can supply it in a format better suited to your needs.

## Where did you hear about our Family Hubs?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Family Connect               | <input type="checkbox"/> Friend or family member | <input type="checkbox"/> Childcare setting |
| <input type="checkbox"/> Health Visitor, Midwife, GP  | <input type="checkbox"/> Pregnancy record        | <input type="checkbox"/> School            |
| <input type="checkbox"/> Other, please specify: _____ |  |  |

## Please return to facilitator or practitioner.

To find out more scan the QR code to access our Family Hubs website.

## Contact information:

Email: [telfordfamilyhubs@telford.gov.uk](mailto:telfordfamilyhubs@telford.gov.uk)

Tel: 01952 385555

[www.telford.gov.uk/familyhubs](http://www.telford.gov.uk/familyhubs)



SCAN ME

# About you

## Parent/carer 1

Main family member:  Yes  No Parental responsibility:  Yes  No

Title: \_\_\_\_\_ Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Family role e.g father, mother, carer, grandparent: \_\_\_\_\_

Gender:  Male  Female  Other  Prefer no to say

Ethnicity (see code guide): \_\_\_\_\_ If other, please specify: \_\_\_\_\_

Preferred language or method of communication: \_\_\_\_\_

Is an interpreter required?  Yes  No

Primary address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact number: \_\_\_\_\_ Email address: \_\_\_\_\_

Priority group – we are actively promoting our services to families in these groups, please tick all that apply:

- Fathers  Teenage parents  Parents from a care experienced background  
 Parents with learning needs  Parents from an ethnic minority background

Marital status:  Divorced  Married  Separated  Single  
 Widowed  With partner  Prefer not to say  
 Other (please specify): \_\_\_\_\_

Which of the following best describes your sexual orientation?

- Bisexual  Heterosexual/Straight  Homosexual/Gay or Lesbian  
 Prefer not to say  Other (please specify): \_\_\_\_\_

Do you have a disability or learning need?  Yes  No  Prefer not to say

What is your religion?

- No religion  Buddhist  Christian  Hindu  Jewish  
 Muslim  Sikh  Other religion (please specify): \_\_\_\_\_

Employment status:

- Employed  Not employed  In training or education

Pregnant:  Yes  No

## Parent/carer 2

Main family member:  Yes  No Parental responsibility:  Yes  No

Title: \_\_\_\_\_ Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Family role e.g father, mother, carer, grandparent: \_\_\_\_\_

Gender:  Male  Female  Other  Prefer no to say

Ethnicity (see code guide): \_\_\_\_\_ If other, please specify: \_\_\_\_\_

Preferred language or method of communication: \_\_\_\_\_

Is an interpreter required?  Yes  No

Primary address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact number: \_\_\_\_\_ Email address: \_\_\_\_\_

Priority group – we are actively promoting our services to families in these groups, please tick all that apply:

- Fathers  Teenage parents  Parents from a care experienced background  
 Parents with learning needs  Parents from an ethnic minority background

Marital status:  Divorced  Married  Separated  Single  
 Widowed  With partner  Prefer not to say  
 Other (please specify): \_\_\_\_\_

Which of the following best describes your sexual orientation?

- Bisexual  Heterosexual/Straight  Homosexual/Gay or Lesbian  
 Prefer not to say  Other (please specify): \_\_\_\_\_

Do you have a disability or learning need?  Yes  No  Prefer not to say

What is your religion?

- No religion  Buddhist  Christian  Hindu  Jewish  
 Muslim  Sikh  Other religion (please specify): \_\_\_\_\_

Employment status:

- Employed  Not employed  In training or education

Pregnant:  Yes  No

## Ethnicity codes (Please use these codes to help complete the ethnicity section of this form)

A1 White British	A5 Gypsy/Roma	B4 Any other mixed background	C4 Any other Asian background	E1 Chinese
A2 White Irish	B1 White and Black Caribbean	C1 Indian	D1 Caribbean	E2 Any other ethnic group
A3 Any other White background	B2 White and Black African	C2 Pakistani	D2 African	E3 Prefer not to say
A4 Traveller of Irish heritage	B3 White and Asian	C3 Bangladeshi	D3 Any other Black background	