

# CONSENT

Sure Start wants to ensure that all services and activities provided MAKE A DIFFERENCE to children, families and communities. We do this by recording and looking at why and how people use the different Sure Start services and activities.

Your information will be kept safe and secure and treated with care and respect.

It will be shared within Sure Start and those agencies delivering Sure Start services and activities, it will not be shared with anyone outside of these agencies without your explicit consent in line with the principals of the Data Protection Act 1998.

We would also like to update your details on a regular basis to keep our records current. We will do this by asking you directly, or by asking the people who deliver Sure Start services and activities to let us know if any of your details have changed.

For example, you may move to a new house or have a new baby in the family.

I understand and agree that my family details and related information I have provided will be recorded and stored in the Sure Start database.

This information will be updated regularly and shared with Sure Start and those agencies delivering Sure Start Services and activities.

## Parent or Guardian Main Contact

Signature: .....

Print Name: .....

Date: .....

## Parent or Guardian Second Contact

Signature: .....

Print Name: .....

Date: .....

Would you like to be part of the development of services for Children and Families by sharing your ideas and experiences with Sure Start?

If yes, please tick the box.

A member of Sure Start may contact you periodically to answer questions about children and family services.

**ContactPoint**  
because every child matters

Children & Young People's Services will disclose information to the Department for Children, Schools and Families (DCSF) for inclusion on ContactPoint. ContactPoint will help authorised practitioners to quickly find out who else is working with the same child, making it easier to deliver more coordinated support. ContactPoint will only hold identifying information for a child (up to their 18th birthday), and contact details for their parent/carer and for services working with a child. By law, ContactPoint cannot hold any case information (such as medical records, school records, case notes or assessments).

Section 12 of the Children Act 2004 and the supporting Regulations provide the legislative basis for ContactPoint. ContactPoint will begin operating in 2008.

For further information go to [www.everychildmatters.gov.uk/contactpoint](http://www.everychildmatters.gov.uk/contactpoint)



# SureStart Children's Centres

# MEMBERSHIP FORM



Are you a parent or guardian of an under 5 and living within the Wigan Borough?

If the answer is **yes**:

Would you please fill in this form to ensure that your family gets all the support and benefits that Sure Start can offer.

Sure Start is all about improving services for children, families and communities. By becoming a member of Sure Start you will have access to a range of children and family services.

Once fully registered with Sure Start you will receive a welcome pack containing a Sure Start membership card

We will routinely notify you of all Sure Start services through newsletters and timetables of services and activities for you to access and enjoy.

We can make this information available in other formats and languages on request. Contact us at Wigan Council, Children and Young People's Services, Sure Start, 7 Worsley Terrace, Standishgate, Wigan, WN1 1XW Tel: 01942 206205 [www.wigan.gov.uk](http://www.wigan.gov.uk).

## Sure Start Use

Date received: ..... Project Name: .....

Project Worker: .....

Comments: .....

Wigan Council, Children and Young People's Services,  
Sure Start Team, 7 Worsley Terrace, Gateway House, Standishgate, Wigan, WN1 1XW  
Tel: 01942 206205 Fax: 01942 828841 [www.wigan.gov.uk](http://www.wigan.gov.uk)



# MEMBERSHIP FORM and consent form

## MAIN CONTACT

The **main contact** is the parent or guardian where the child/children live for most of the time.

Mother  Father  Other (please state) .....

Mr / Mrs / Miss / Ms / Other (please state) .....

First Name ..... Last Name .....

Date of birth .....

Ethnicity (See Table 1) ..... First Language .....

Address .....

..... Postcode .....

Telephone Number ..... Mobile ..... Email .....

Are you a lone parent? Yes  No

Expecting a child Yes  No  Due date? .....

Do you have a disability or special needs? Yes  No  If Yes please indicate: .....

Are you employed for more than 16 hours per week? Yes  No

Are you unemployed? Yes  No

Are you in training or studying? Yes  No

## 2nd CONTACT

Mother  Father  Other (please state) .....

Mr / Mrs / Miss / Ms / Other (please state) .....

First Name ..... Last Name .....

Date of birth .....

Ethnicity (See Table 1) ..... First Language .....

Address .....

..... Postcode .....

Telephone Number ..... Mobile ..... Email .....

Are you a lone parent? Yes  No

Expecting a child Yes  No  Due date? .....

Do you have a disability or special needs? Yes  No  If Yes please indicate: .....

Are you employed for more than 16 hours per week? Yes  No

Are you unemployed? Yes  No

Are you in training or studying? Yes  No

**Table 1:** Ethnicity

White	Mixed	Asian	Black or Black British	Other Ethnicity
British	White/Black	Indian	Caribbean	Chinese
Irish	White/Black African	Pakistani	African	Other ethnic group
Other	White/Asian	Bangladeshi	Other Black background	
	Other mixed background	Other Asian background		

Taken from the 2001 Census Table.

## CHILDREN'S DETAILS

Please enter the details here for your under 5 child(ren).

First Name	Last Name	Date of Birth	Male/ Female	Ethnicity (See Table 1)	Disability/ Special Needs	Childcare
					Yes/No	
					Yes/No	
					Yes/No	
					Yes/No	
					Yes/No	

If disability / special needs indicated above, please state details

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## OTHER FAMILY MEMBERS

To help us record attendance at Sure Start services please list the details of other family members below, those who live in your home and those who care for your under 5 child(ren) and who do not live in your home. Please provide the relationship to your under 5 child(ren) such as brother, sister, grandmother, grandfather, aunt, cousin.

First Name	Last Name	Male/ Female	Date of Birth	Relationship to child	Ethnicity (See Table 1)	Do they live in your home? Yes/No

## PUBLICITY

To ensure that we are effectively raising awareness about Sure Start services across the borough please tell us how you first heard about Sure Start? (please tick one only)

Sure Start Newsletter	<input type="checkbox"/>	Sure Start leaflet/poster	<input type="checkbox"/>
Sure Start Services at a Glance Timetable	<input type="checkbox"/>	Children's Information Service (CIS)	<input type="checkbox"/>
Sure Start Children Centre Receptionist	<input type="checkbox"/>	Word of Mouth/A Friend	<input type="checkbox"/>
Local Media: Radio	<input type="checkbox"/>	Local Newspaper	<input type="checkbox"/>
Sure Start Activity/Service	<input type="checkbox"/>	Promotional item	<input type="checkbox"/>
School	<input type="checkbox"/>	Other	<input type="checkbox"/>

Midwife/Health Visitor/Community Outreach Worker/GP/Dentist (please state) .....

Health Clinic/Library/other (please state) .....