



Calderdale Core Family Hub and Family Support Membership Form

PRIVACY NOTICE

Halifax Opportunities Trust (HOT) and North Halifax Partnership (NHP) run Core Family Hub and Family Support Services on behalf of Calderdale Council (CMBC). All these organisations are registered with the Information Commissioner's Office under the provisions of the Data Protection Act 2018. **The personal data that you provide on this form will be stored on the CMBC Soft smart database and will be used by HOT, NHP and CMBC for the purpose of providing you and your family with early education, health, family support, and family and adult learning and advice.**

HOT, NHP and CMBC will use the data to provide anonymised reports about delivery of Core Family Hub and Family Support services, analyse the take up of services and help improve the services on offer to your family. The information you have provided will not be shared with other agencies. The exception to this would be to meet statutory requirements to protect and safeguard individuals. In these circumstances, Police and Children's Social Care would be informed.

The data you give us on this form will be stored securely by CMBC. The length of time for which the information is kept will vary in line with our retention policies, but information will not be kept for longer than is necessary.

At the end of this form on Page 4, we ask for your signature. This constitutes your consent to the use of your personal data, as set out above.

You are also asked for your explicit consent to receive newsletters and event information about Core Family Hub and Family Support Services from HOT and NHP. You can withdraw your consent to this at anytime.

You have the right to see the personal data held about you; and you may withdraw your consent to our processing your personal data at any time. Please contact:

- HOT Data Protection Officer, Malgorzata Ciewiernia by email at: Privacy@regen.org.uk or telephone: 01422 399400
- NHP Data Protection Officer, Diane Coenen by email at: info@nhpltd.org.uk or telephone: 01422 251090
- CMBC Information Management Team by email at: information_management@calderdale.gov.uk or telephone: 01422 392298

For full details about your rights and our practice, please see each of our organisation's Privacy Notices on these websites:

Halifax Opportunities Trust: www.halifaxopportunities.org.uk; **North Halifax Partnership:** <https://northhalifaxpartnership.org>;

Calderdale Council: www.calderdale.gov.uk

Calderdale Core Family Hub and Family Support Family Membership Form

Parent/Carer 1:	Title:	Forename:	Surname:	DOB:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Country of Origin:		English Spoken: <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Language Spoken:		
Do you have any disabilities/special needs: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state (please see sheet attached for definitions): Band A <input type="checkbox"/> Band B <input type="checkbox"/> Band C <input type="checkbox"/>						
Main Contact Address:				Email Address:		
Town:				Telephone Number:		
Postcode:				Mobile Number:		
				Emergency Contact Number:		
Parent/Carer 2 (if appropriate)	Title:	Forename:	Surname:	Telephone/Mobile Number:		
Does 2 nd Parent/Carer live at same address: <input type="checkbox"/> Yes <input type="checkbox"/> No If different from above please state Address:						
Is Parent / Carer 2 present? * <input type="checkbox"/> Yes <input type="checkbox"/> No *If 2 nd Parent /Carer has not signed the form, give letter regarding registration & Tick if given <input type="checkbox"/>						
If the 2nd parent is present please fill in the data below for both parents and indicate P1 and P2 (Parent 1 and Parent 2)						

Are you...? Please tick all boxes that apply

<input type="checkbox"/>	Parent	<input type="checkbox"/>	Lone Parent	<input type="checkbox"/>	Pregnant <i>If yes give due date:</i>
<input type="checkbox"/>	Grandparent	<input type="checkbox"/>	Teenage Parent	<input type="checkbox"/>	Other <i>please state:</i>
<input type="checkbox"/>	Living with Parents	<input type="checkbox"/>	Foster Carer		

Are you...? Please tick all boxes that apply

<input type="checkbox"/>	Working – (0-15hrs)	<input type="checkbox"/>	Working – (35hrs +)	<input type="checkbox"/>	Working on a casual basis	<input type="checkbox"/>	Volunteering	<input type="checkbox"/>	Education
<input type="checkbox"/>	Working – (16 –35hrs)	<input type="checkbox"/>	Asylum Seeker	<input type="checkbox"/>	Claiming JSA / ESA	<input type="checkbox"/>	Higher / Further	<input type="checkbox"/>	Retired
<input type="checkbox"/>	Self Employed	<input type="checkbox"/>	Declined to answer	<input type="checkbox"/>	Not Working or training	<input type="checkbox"/>	Maternity Leave		

Services for you and your family

Would you like an introductory visit from one of our outreach workers?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, please fill in the relevant paperwork
Do you have any other services supporting your family?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, please state which:
Are there any special requirements needed for visiting your family?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, please state below:

Children and Young People under 18 in your family (If more than 4 children please continue on to the continuation sheet)

Child 1							
Forename	Surname	DOB	Disability/Special Needs Yes / No Band A B C	Safeguard Register/EISA CIN, CP, CLA, TAC	Gender M / F	Relationship to 1 st Parent/Carer	Relationship to 2 nd Parent/Carer
School/ Nursery attended:							
Child 2							
Forename	Surname	DOB	Disability/Special Needs Yes / No Band A B C	Safeguard Register/EISA CIN, CP, CLA, TAC	Gender M / F	Relationship to 1 st Parent/Carer	Relationship to 2 nd Parent/Carer
School/ Nursery attended:							
Child 3							
Forename	Surname	DOB	Disability/Special Needs Yes / No Band A B C	Safeguard Register/EISA CIN, CP, CLA, TAC	Gender M / F	Relationship to 1 st Parent/Carer	Relationship to 2 nd Parent/Carer
School/ nursery attended:							
Child 4							
Forename	Surname	DOB	Disability/Special Needs Yes / No Band A B C	Safeguard Register/EISA CIN, CP, CLA, TAC	Gender M / F	Relationship to 1 st Parent/Carer	Relationship to 2 nd Parent/Carer
School/ Nursery attended:							

Ethnicity (please tick)													
	Carer	Carer	Child	Child	Child	Child		Carer	Carer	Child	Child	Child	Child
	1	2	1	2	3	4		1	2	1	2	3	4
A White							C Indian						
British							Pakistani						
Irish							Bangladeshi						
Other White (includes EU)							Other Asian						
B Mixed							D Black or Black British						
White & Black Caribbean							Black Caribbean						
White & Black African							Black African						
White & Asian							Other Black						
Other Mixed							E Chinese or another ethnic group						
							Chinese						
							F Other group. State:						
							G Rather not say						
English Spoken	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	English Spoken	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N

Consent:

<p>I/we consent to be included in newsletter, event and services mailings for Core Family Hub and Family Support services (please tick if yes)</p>	<p>Signatory 1 YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Signatory 2 YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><i>(We will not mail to the second parent/carer unless they have signed this form)</i></p>
<p>I/we give my/our consent for the details on this form to be used to provide early education, health, family support and advice to improve services for my/our family. I understand that the Core Family Hub and Family Support service may share my family's information with partnering organisations for those purposes only.</p>	<p>Signatory 1 YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>I agree to my family's details being held on the Calderdale Softsmart databases, and I confirm that I have obtained the consent of the second parent/carer listed on this form, for the data I have given on this form to be held on the Calderdale Softsmart database.</p>	<p>Signatory 1 YES <input type="checkbox"/> NO <input type="checkbox"/></p>

<p>Signed (1st Parent/Carer):</p>		<p>Signed (2nd Parent /Carer:</p>	
<p>Source of Registration:</p>		<p>Please give DOB if you are 2ndParent/Carer:</p>	
<p>Date of Registration:</p>		<p><i>Staff Member Inputting on CCM:</i></p>	
<p><i>Staff Member Completing Form:</i></p>		<p><i>Date of Inputting on CCM:</i></p>	
<p><i>Job Title:</i></p>			
<p>Note for inputter: Add all information on CCM, but do not tick registered or add DOB for 2nd parent/carer if they have not signed this form. Do not include 2nd parent/carer in mailings if they have not signed this form.</p>			

Disability Categories: Staff Guidance

If someone filling in the form declares a disability please ask them to indicate which group it falls in. Staff must explain these.

A	Parent/Young Person/Child with Autistic Spectrum Disorder (who have severe learning disabilities or behaviour which is challenging) or those children and young people whose challenging behaviour is associated with other impairments such as severe learning difficulties. General Rule: Any mental impairment which has a substantial and long-term adverse effect on a child's ability to carry out normal day-to-day activities.
B	Parent/Young Person/Child with complex health needs including those with a disability and life limiting conditions, and/or those who require palliative care and/or those with associated impairments such as cognitive or sensory impairments and /or have moving/handling needs and/or require special equipment/adaptations. General Rule: Any physical impairment which has a substantial and long-term adverse effect on a child's ability to carry out normal day-to-day activities.
C	Where a Parent/Carer feels their child has a condition but it has yet to be diagnosed, confirmed or registered.

I confirm that I have explained these categories to the signatories to this form.

(For Staff Use Only)

<i>Initials and Postcode of Family:</i>	
<i>Staff Member Completing Form:</i>	
<i>Job Title:</i>	

Continuation sheet

Child 5																			
				Please Tick															
Forename		Surname		DOB		Disability/Special Needs Yes / No Band A B C			Safeguard Register/EISA CIN, CP, CLA, TAC		Gender M / F		Relationship to 1 st Parent/Carer		Relationship to 2 nd Parent/Carer				
School/ Nursery attended:																			
Child 6																			
				Please															
Forename		Surname		DOB		Disability/Special Needs Yes / No Band A B C			Safeguard Register/EISA CIN, CP, CLA, TAC		Gender M / F		Relationship to 1 st Parent/Carer		Relationship to 2 nd Parent/Carer				
School/ Nursery attended:																			
Child 7																			
				Please															
Forename		Surname		DOB		Disability/Special Needs Yes / No Band A B C			Safeguard Register/EISA CIN, CP, CLA, TAC		Gender M / F		Relationship to 1 st Parent/Carer		Relationship to 2 nd Parent/Carer				
School/ Nursery attended:																			
Child 8																			
				Please															
Forename		Surname		DOB		Disability/Special Needs Yes / No Band A B C			Safeguard Register/EISA CIN, CP, CLA, TAC		Gender M / F		Relationship to 1 st Parent/Carer		Relationship to 2 nd Parent/Carer				
School/ Nursery attended:																			
Child 9																			
				Please Tick															
Forename		Surname		DOB		Disability/Special Needs Yes / No Band A B C			Safeguard Register/EISA CIN, CP, CLA, TAC		Gender M / F		Relationship to 1 st Parent/Carer		Relationship to 2 nd Parent/Carer				
School/ Nursery attended:																			
Child 10																			
				Please															
Forename		Surname		DOB		Disability/Special Needs Yes / No Band A B C			Safeguard Register/EISA CIN, CP, CLA, TAC		Gender M / F		Relationship to 1 st Parent/Carer		Relationship to 2 nd Parent/Carer				
School/ Nursery attended:																			
Ethnicity (please tick)																			
		Child 5	Child 6	Child 7	Child 8	Child 9	Child 10						Child 5	Child 6	Child 7	Child 8	Child 9	Child 10	
A White								C Bangladeshi											
British								Other Asian											
Irish								D Black or Black British											
Other White (includes EU)								Black Caribbean											
B Mixed								Black African											
White & Black Caribbean								Other Black											
White & Black African								E Chinese or another ethnic group											
White & Asian								Chinese											
Other Mixed								F Other group, State:											
C Indian								G Rather not say											
Pakistani																			