

Welcome to SureStart

Name of Sure Start Project: **Newry SureStart**

IMPORTANT INFORMATION FOR NEW REGISTRANTS

To allow us to register you and your child with this Sure Start Project and to ensure that you receive information and services relevant to you and your child, we will need to collect some information from you. The information we will ask you to provide will be used to enable the delivery of services and this will require information being passed to other service providers who deliver services to you and your child on our behalf. We may also be required to provide our funders with anonymised information about our Sure Start Project from time to time so that they can see how well we are doing and to improve the services you and your child receive. However by law if we have a child protection concern in relation to a child and we need to make a referral to Social Services we will give more specific information in relation to the family. Parents will always be informed in advance unless by doing so the child may be put at greater risk.

The information you provide us with will be held on a secure database and only people that need to view it will be able to access it. At any time you can ask to see the information we hold about you, and if your circumstances change, such as your home address, we would ask that you let us know so that the information we hold is up to date. We will not release the information that you provide us with for any purpose, other than for the purposes already described, without seeking your consent to do so, unless we are obliged to do so by law.






We will communicate with you via post, email, phone, text and social media to keep you up-to-date with Sure Start services.

Our **Privacy Notice**, which provides more detail on the information that we hold and your rights in relation to this information, is available on our website at this link below:
www.newrysurestart.org/privacy-policy/

*If you require a printed copy please let a member of staff know and one will be provided to you.

SureStart Contact Details



-  Unit 1, Fiveways, 99-191 Armagh Road
Newry, BT35 6PW
-  028 3083 3780
-  info@newrysurestart.org
-  www.newrysurestart.org
-  Social Media: @NewrySureStart

Note To Staff: A COPY OF THIS PAGE MUST BE LEFT WITH ALL FAMILIES UPON COMPLETION OF THE REGISTRATION FORM

Information on Parent/Carer

| | |
|--|--|
| Name of Parent/Carer Registered | |
| Relationship to Child/ren | |

Registration of Children

| | Child 1 | Child 2 | Child 3 |
|--|---|--|--|
| First Name | | | |
| Surname | | Same as Child 1 <input type="checkbox"/> | Same as Child 1 <input type="checkbox"/> |
| Gender <i>(Circle)</i> <i>If other, please state</i> | Male Female Other: _____ | Male Female Other: _____ | Male Female Other: _____ |
| Date of Birth | | | |
| Part of Multiple Birth <i>(Circle)</i> | Yes No | Yes No | Yes No |
| Is/Was the child breastfed? <i>(Circle)</i> | Yes No | Yes No | Yes No |
| Address | Same as Parent/Carer 1 <input type="checkbox"/> | Same as Child 1 <input type="checkbox"/> | Same as Child 1 <input type="checkbox"/> |
| Postcode | Same as Parent/Carer 1 <input type="checkbox"/> | Same as Child 1 <input type="checkbox"/> | Same as Child 1 <input type="checkbox"/> |
| GP Practice | | Same as Child 1 <input type="checkbox"/> | Same as Child 1 <input type="checkbox"/> |
| Dentist Practice | | Same as Child 1 <input type="checkbox"/> | Same as Child 1 <input type="checkbox"/> |
| Health Visitor Name | | Same as Child 1 <input type="checkbox"/> | Same as Child 1 <input type="checkbox"/> |
| Other agencies working with the child? <i>If yes, give details</i> | Yes No Details: _____ | Yes No Details: _____ | Yes No Details: _____ |

Under the Northern Ireland Act 1998 - Section 75 we are required to ask the following questions to ensure our services promote equality and avoid discrimination.

| | Child 1 <i>(cont.)</i> | Child 2 <i>(cont.)</i> | Child 3 <i>(cont.)</i> |
|--|---|---|---|
| Religion | | | |
| Ethnic Group <i>Eg. White, Asian, etc.</i> | | | |
| Country of Birth | | | |
| Diagnosed Disability <i>(Circle)</i> <i>If yes, give type of diagnosed disability</i> | <p>Yes No</p> <p>Physical / Sensory / Learning</p> <p>Other: _____</p> | <p>Yes No</p> <p>Physical / Sensory / Learning</p> <p>Other: _____</p> | <p>Yes No</p> <p>Physical / Sensory / Learning</p> <p>Other: _____</p> |

Note: From time to time Sure Start may wish to use photographs or video taken of you and/or your child for press release, social medial or promotional purposes. If you do not wish to have photographs/videos taken it is the parents/carers responsibility to let the photographer/each service know this when attending. Please note only Legal Guardians or Parents can give consent for photographs/videos of children listed on this form.

I have read the Information section on the front page which sets out the uses to which my and my children's information is put, I give my permission for this to be held by Sure Start securely and in line with the provisions of the Data Protection Act 1998 for the purposes as described. I also undertake to ensure that if any of the information provided on this registration form changes, that I will notify local Sure Start staff to allow them to update my information accordingly.

Please note this form can only be completed and signed by the child's legal guardian or parent.

Parent/Legal Guardian

Date _____

Online Signatures: By checking this box I agree to the use my electronic signature in place of my handwritten one and confirm that I am the person whose identity is provided in this form. I understand that Newry Sure Start is not responsible for any identity theft.

