

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 medial 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**

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Information on Family

Name	Name of 1st Parent/Guardian Registered
Relationship to Child/ren	
Name of Child(ren):	Link to Child(ren):

Registration of Additional Parent/Guardian

This section to be completed only when parent/carer's first language is not English and they need assistance to complete this form

Can Parent/Carer understand English? <i>(Circle)</i>	Yes No	Have you someone to interpret for you? <i>(Circle)</i>	Yes No
If No – What is the primary language?			
Details of who can interpret <i>Name and telephone number</i>	<i>For family file only – will not be recorded on the Sure Start System</i>		
First Name:	Surname:		
Gender <i>(Circle)</i> <i>If other, please state</i>	Male Female	Date of Birth:	
Other: _____			
Address:	Postcode:		
Same as Parent/Carer 1 <input type="checkbox"/>	Same as Parent/Carer 1 <input type="checkbox"/>		
Phone Number: <i>Mobile</i>	Phone Number: <i>Daytime</i>		
Email Address:	Other agencies working with the parent/carer? <i>If yes, give details</i>		Yes No
	Details: _____		
GP Practice:	Dentist Practice:		
How did you find out about SureStart? <i>(Tick)</i>	<input type="checkbox"/> Health Visitor <input type="checkbox"/> Hub Referral <input type="checkbox"/> Midwife <input type="checkbox"/> Self-Referral <input type="checkbox"/> Social Services <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Speech & Language <input type="checkbox"/> Promotional Materials <input type="checkbox"/> Antenatal clinic <input type="checkbox"/> Social Media Other: _____		

Antenatal

Expected Due Date:

First Time Parent?

Yes

No

SureStart

Additional Parent/Carer
Registration Form *(cont.)*

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.

Religion:

Ethnic Group:

Eg. White, Asian, etc.

Country Of Birth:

Diagnosed Disability

(Circle)

*If yes, give type of
diagnosed disability*

Yes

No

Physical / Sensory / Learning

Other: _____

Any other important information you wish to share with the project?

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.

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.

Additional Parent/Carer _____ 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.