



Children's Centre – Membership form



London Borough
of Hounslow



Please complete all sections highlighted in yellow.

1 Contact / Enquiry Details (only to be completed if progressed to EHA)

Date of referral:		Date of assessment:	
Name:		Organisation:	
Position:		Address:	
Email:		Telephone:	

2 Family Composition & Details (complete all of remaining form for CC Membership)

Main Parent / Carer

Name:		Date of Birth:	
Address:		Relationship to child(ren):	
		Pregnant? - Est. due date:	
Postcode:		Parental Responsibility?	
Email:		Gender:	
Home Tel:		Ethnicity code (see pg 3)	
Mobile Tel:		Lone Parent?:	

Parent / Carer 2

Name:		Date of Birth:	
Address:		Relationship to child(ren):	
		Pregnant? - Est. due date:	
Post code:		Parental Responsibility?	
Email:		Gender:	
Home Tel:		Ethnicity code: (see pg 3)	
Mobile Tel:		Lone Parent?:	

Employment details:

Are you or your partner in:					
	You	Partner		You	Partner
Full time employment (30 hrs +)	<input type="checkbox"/>	<input type="checkbox"/>	In education/training	<input type="checkbox"/>	<input type="checkbox"/>
Part time employment (16-30hrs)	<input type="checkbox"/>	<input type="checkbox"/>	Full time carer	<input type="checkbox"/>	<input type="checkbox"/>
Part time employment (under 16hrs)	<input type="checkbox"/>	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	<input type="checkbox"/>
Other:			Seeking asylum	<input type="checkbox"/>	<input type="checkbox"/>

Do you smoke	Yes	No	Does anyone smoke in home	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Children

Child	Name	DoB / EDD	Gender	Ethnicity code (see pg 3)	School / Nursery
1					
2					
3					
4					
5					

Other family / household members / significant others

Name:		Relationship to child(ren):	
Address:		Gender:	
Postcode:		Ethnicity code: (see pg 3)	
Email:		Date of Birth:	
Home Tel:		Mobile Tel:	

Name:		Relationship to child(ren):	
Address:		Gender:	
Postcode:		Ethnicity code: (see pg 3)	
Email:		Date of Birth:	
Home Tel:		Mobile Tel:	

Communication

Is English the family's first language?	
If no, please state the first language:	
Is interpreter required?	
Communication difficulties / issues:	

Please give details of any disability or special needs within the family:

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GP Details

Is family registered with a GP?	
Practice / Health centre:	
Address:	
Telephone:	

Emergency Contact details:

Please give the name and contact number of somebody who we will only contact in an emergency:

Name:	
Relationship:	
Contact no:	

Ethnicity Codes:

1	Asian/Asian British - Indian	11	Mixed - Black Caribbean and White
2	Asian/Asian British - Bangladeshi	12	Any other Mixed Background
3	Asian/Asian British - Pakistani	13	White British
4	Any other Asian background	14	White Irish
5	Black/Black British -African	15	Traveller
6	Black/Black British - Caribbean	16	Gypsy/Roma
7	Any other Black Background	17	White Other
8	Chinese	18	Any Other Ethnicity
9	Mixed – Asian White	19	Not obtained
10	Mixed – Black African and White	20	Refused

3 Reason for Contact / Enquiry (complete in full if progressing to EHA)

Please summarise the issues leading to this contact / enquiry

Children's Centres membership – Access to universal provision	✓

4 Previous Support Service or Other Agency Involvement

Are there now or have there been any previous support services / agency involvement for any member of the family?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes, please give details below

Family member	Service / Agency	Name & role of any keyworker/professional	Contact details	Approximate start/end dates:	Reason for involvement

Please state any known assessments in the last 12 months

Assessment Area	Assessment Type	Family members involved	Approximate Dates	Assessor's name and contact details (if known)
Any Social Care assessment, support, intervention or plan				
Offending (ONSET, ASSET, PSR, etc)				
Education (e.g. Special Educational Needs, Pastoral Support Plan, Educational Psychology involvement)				
Mental Health (e.g. Mental Health Act Assessment, CPA assessment, etc)				
Domestic Violence / Abuse (e.g. DASH Risk indicator, etc)				
Housing				
Substance misuse				
Health (e.g. Health visitor developmental checks, etc)				
Other (please state)				

5 Consent to Share Information

Consent statement for information storage and information sharing

"We need to collect the information contained within this document so that we can understand what help you may need. If we cannot cover all of your needs we may need to share some of this information with, or request additional information from, other organisations so that they can help us to provide the services you need."

"We will treat your information as confidential and we will not share it for any other reason unless we are required by law to share it or unless you will come to some harm if we do not share it. In any case we will only ever share the minimum information we need to share"

<i>I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services to myself and the children or young people for whom I am parent or carer</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>I have had the reasons for information sharing and information storage explained to me and I understand those reasons</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Parent/Carer/Young Person Signatures

Signed:		Name:		Date:	
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Signed:		Name:		Date:	
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Signed:		Name:		Date:	
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Other adult family/household members or significant others

Signed:		Name:		Date:	
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Signed:		Name:		Date:	
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Assessor's Signature

Signed:		Name:		Date:	
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Exceptional circumstances:

Concerns about significant harm to infant, child or young person

If at any time during the course of this assessment you are concerned that an infant, child or young person has been harmed or abused or is at risk of being harmed or abused, you must follow your Local Safeguarding Children Board (LSCB) safeguarding children procedures. The practice guidance '*What to do If you're worried a child is being abused*' (HM Government, 2006) sets out the processes to be followed by all practitioners. If you think the child may be a child in need (under section 17 of the Children Act 1989) then you should also consider referring the child to children's social care.

These referral processes will be included in your local safeguarding children procedures and are set out in Chapter 5 of *Working Together to Safeguard Children (2013)*

(<http://www.education.gov.uk/aboutdfe/statutory/g00213160/working-together-to-safeguard-children>).

You should seek the agreement of the child and family before making such a referral **unless to do so would place the child at increased risk of significant harm.**