

Open Access Registration Form
Please complete using block capitals



MAIN CARER – i.e. mother / father		SECOND CARER – i.e. father / mother / family member / childminder	
Title:		Title:	
Full Name:		Full Name:	
Address:		Address:	
Post Code:		Post Code:	
Home Tel:		Home Tel:	
Mobile Tel:		Mobile Tel:	
Email Address:		Email Address:	
Date of Birth:		Date of Birth:	
Relationship to Child		Relationship to Child	
Gender: (please circle)	Male/Female	Gender: (please circle)	Male/Female
Lone Parent: (please circle)	Yes/No	Lone Parent: (please circle)	Yes/No
Pregnant/Baby Due:		Pregnant/Baby Due:	
Employment Status (Please Circle)	Working – Hours per week: _____ Apprenticeship In Education Foundation Learning Retired Further Education Unemployed Higher Education Volunteer Statutory School Age Work Based Learning	Employment Status (Please Circle)	Working – Hours per week: _____ Apprenticeship In Education Foundation Learning Retired Further Education Unemployed Higher Education Volunteer Statutory School Age Work Based Learning
Ethnicity: (Select from list)		Ethnicity: (Select from list)	
Religion (Select from List)		Religion (Select from List)	
Disabilities	Yes/No	Disabilities	Yes/No
Special Educational Needs (select from list)		Special Educational Needs (select from list)	
1st language if not English		1st language if not English	
Fluency in English (Please Circle)	Basic Conversational Fluent Interpreter required	Fluency in English (Please Circle)	Basic Conversational Fluent Interpreter required
Do you Smoke?	Yes/No Number per day: _____	Do you Smoke?	Yes/No Number per day: _____
Sexual Orientation (Please Circle)	Bisexual / Gay Man / Heterosexual / Lesbian / Transgender / Rather Not Say	Sexual Orientation (Please Circle)	Bisexual / Gay Man / Heterosexual / Lesbian / Transgender / Rather Not Say
Please give the name of any other Children’s Centre or YouthHub in Kent that you have used.			
How did you hear about us? (please circle)	Library, Health Visitor, Midwife, School, Nursery, Website, Facebook, New Birth Letter/Pack, Other (please state who)		

First Child		Second Child	
Full Name:		Full Name:	
Date of Birth:		Date of Birth:	
In Local Authority Care:	Yes/No	In Local Authority Care:	Yes/No
Ethnicity: (Select from List)		Ethnicity: (Select from List)	
Religion: (Select from List)		Religion: (Select from List)	
Gender:	Male / Female	Gender:	Male / Female
Disabilities:	Yes / No	Disabilities:	Yes / No
Special Educational Needs (Select from List)		Special Educational Needs (Select from List)	
1st Language if Not English		1st Language if Not English	
Fluency in English: (please circle)	Basic Conversational Fluent Interpreter Required	Fluency in English: (please circle)	Basic Conversational Fluent Interpreter Required
Breast Feeding: (Please circle all that apply)	At Birth Yes/No At 6 Weeks? Yes/No At 3 Months? Yes/No At 6Months? Yes/No At 1 Year? Yes/No	Breast Feeding: (Please circle all that apply)	At Birth Yes/No At 6 Weeks? Yes/No At 3 Months? Yes/No At 6Months? Yes/No At 1 Year? Yes/No
Weight at Birth		Weight at Birth	
Pre School / Nursery / School / College:		Pre School / Nursery / School / College:	
Third Child		Fourth Child	
Full Name:		Full Name:	
Date of Birth:		Date of Birth:	
In Local Authority Care:	Yes/No	In Local Authority Care:	Yes/No
Ethnicity: (Select from List)		Ethnicity: (Select from List)	
Religion: (Select from List)		Religion: (Select from List)	
Gender:	Male / Female	Gender:	Male / Female
Disabilities:	Yes / No	Disabilities:	Yes / No
Special Educational Needs (Select from List)		Special Educational Needs (Select from List)	
1st Language if Not English		1st Language if Not English	
Fluency in English: (please circle)	Basic Conversational Fluent Interpreter Required	Fluency in English: (please circle)	Basic Conversational Fluent Interpreter Required
Breast Feeding: (Please circle all that apply)	At Birth Yes/No At 6 Weeks? Yes/No At 3 Months? Yes/No At 6Months? Yes/No At 1 Year? Yes/No	Breast Feeding: (Please circle all that apply)	At Birth Yes/No At 6 Weeks? Yes/No At 3 Months? Yes/No At 6Months? Yes/No At 1 Year? Yes/No
Weight at Birth		Weight at Birth	
Pre School / Nursery / School / College:		Pre School / Nursery / School / College:	
Please give the names of all Parents/Carers with parental responsibility for the children named above:			

For more than 4 children, please add further details on separate piece of paper and attach.

NB: PARENT/LEGAL GUARDIAN TO SIGN

Data Protection Agreement:	<p>I declare that all information I have provided to Kent County Council (KCC) is true to my knowledge.</p> <p>I/We understand that this information will be used for monitoring and evaluation purposes and the production of statistical reports to inform effective provision of a range of open access services.</p> <p>I/We give permission for KCC to share this information with its partner agencies for the purposes of delivering its services only.</p> <p>Any information given on this registration form is kept confidential and will not be passed to organisations outside of KCC partners without consent, unless it is of a child protection nature, in which case information will be shared with appropriate agencies</p> <p>KCC undertakes to keep all information provided in a secure location. This form will be kept for a maximum of 6 months when it will be securely destroyed, but information will be stored on the electronic database until the youngest child's 25th birthday when the family record will be made inactive.</p> <p>I / We agree for the information supplied on this form to be held on the KCC Database and that this information will only be shared in accordance with the Data Protection Act 1998 and The Children's Act 2004 Information Database (England) Regulations 2007. Further information on data protection can be found on www.kent.gov.uk or www.ico.gov.uk</p>
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Print Name(s):	Main Carer: _____	Date:
	Second Carer: _____	
Signature(s)*:	Main Carer: _____	
	Second Carer: _____	

Form Completed by^Ψ:	Print Name:	Date:

^Ψ for "Form completed by" please select one of: Health Visitor / Parent / Carer / Childminder / EIPS / CC Administrator / Homestart / Other Agency (Please state which Agency)

TO BE COMPLETED BY OPEN ACCESS STAFF ONLY				
*Check form is signed (please tick)	Entered by:	Date:	Designated CC:	Family ID:

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APPENDIX

Relationship to Child	
R01	Mother
R02	Father
R03	Foster mother
R04	Foster Father
R05	Other Family Member (Female)
R06	Other Family Member (Male)
R07	Carer (Male)
R08	Carer (Female)
R09	Step Mother
R10	Step Father
R11	Childminder (Male)
R12	Childminder (Female)

Special Needs Codes	
S01	Specific Learning Difficulty
S02	Moderate Learning Difficulty
S03	Severe Learning Difficulty
S04	Profound & Multiple Learning Difficulty
S05	Behaviour, Emotional & Social Difficulties
S06	Speech, language & Communication Needs
S07	Hearing Impairment
S08	Visual Impairment
S09	Multi-Sensory Impairment
S10	Physical Disability
S11	Autistic Spectrum Disorder
S12	Other Difficulty/Disability

Faith Group Codes		
F01	Buddhist	
F02	Christian *	*Christian Includes Church of England/Anglican Roman Catholic Church of Jesus Christ of the Latter Day Saints (Mormons) Greek Orthodox Jehovah's Witness Methodist Other Orthodox church Pentecostal Religious Society of Friends (Quakers) Salvation Army Seventh Day Adventist Unitarian Any Other Christian
F03	Hindu	
F04	Jewish	
F05	Muslim	
F06	Sikh	
F07	Other Religion or Belief	
F08	None	
F09	Rather Not Say	

Ethnicity			
Main Category		Sub Category	
WBRI	White British	WCOR WENG WSCO WWEL WOWB	White – Cornish White – English White – Scottish White – Welsh Other White British
WIRI	White - Irish	Sub category not required	
WIRT	Traveller of Irish Heritage	Sub category not required	
WOTH	Any other White Background	WALB WBOS WCRO WGRC WGRK WKOS WPOR WTUK WTUC WEEU WWEU WOTW	Albanian Bosnian-Herzegovinian Croatian Greek Cypriot Greek Kosovan Portuguese Turkish Turkish Cypriot White Eastern European White Western European White Other
WROM	Gypsy/Roma	Sub category not required	
MWBC	White & Black Caribbean	Sub category not required	
MWBA	White & Black African	Sub category not required	
MWAS	White & Asian	MWAP MWAI MWAO	White & Pakistani White & Indian White & Any Other Asian Background
MOTH	Any Other Mixed Background	MAOE MBOE MCOE MWOE MOTM	Asian & Any Other Ethnic Group Black & Any Other Ethnic Group Chinese & any Other Ethnic Group White & Any Other Ethnic Group Other Mixed Background
AIND	Indian	Sub category not required	
APKN	Pakistani	Sub category not required	
ABAN	Bangladeshi	Sub category not required	
AOTH	Any Other Asian Background	AAFR AKAO ANEP ASML ASLT AOTA	African Asian Kashmiri Other Nepali Sinhalese Sri Lankan Tamil Other Asian
BCRB	Black Caribbean	Sub category not required	
BAFR	Black African	Sub category not required	
BOTH	Any Other Black Background	Sub category not required	
CHNE	Chinese	Sub category not required	
OOTH	Any Other Ethnic Group	OAFG OARA OEGY OFIL ORIN OIRQ OJPN OKOR OKRD OLAM OLEB OMAL OTHA OVIE OIEG	Afghan Arab Other Egyptian Filipino Iranian Iraqi Japanese Korean Kurdish Latin/South/Central American Lebanese Malay Thai Vietnamese Other Ethnic Group
REFU	Refused	Sub category not required	
NOBT	Information Not Obtained	Sub category not required	