Sure Start

Change of Details Form

Please use this form to inform us of any changes to your name, contact details or address





Chi	ld	lren	's	Ce	ntre

Old Forename					New Forename					
Old Surname					New Surname					
Reason for chang	ge to name (ple	name (please circle one)		d Poll	Divorced		Married	Othe		
Previous Mobile I	No:			1	New Mobile No:					
Previous Home T	elephone No:	No:		1	New Home Telephone No:					
Previous Email				1	New Email					
Previous Address	Date left:	Date left:			New Address	Date moved in:				
House Name/No:					House Name/No:					
Street					Street					
Town					Гown					
Postcode					Postcode					
Declaration I declare that all information I have provided to the Children's Centre is true to my knowledge. I/We agree to information about myself and any dependants, as outlined above, being kept on the Children's Centre database (eStart) and as a written record. I/We understand that this information will be used for monitoring and evaluation purposes, and for the effective provision of a range of Children's Centre services to our family. I/We give permission for the Children's Centre to share this information with its partner agencies for the purpose of delivering its services only. Any information given on this registration form about you and your family is kept confidential and will not be passed to organisations outside of Children's Centres partners without your consent, unless it is of a child protection nature, in which case information will be shared with appropriate agencies. The Children's Centre 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 (eStart) until the youngest child's 25 th birthday when it will be archived.										
Name:			Si	ignature:					Date:	