

WELCOME TO CROYDON FAMILY HUBS



Family Hub services are provided by Croydon Council, Croydon Health Service NHS Trust and partner organisations who work together to provide services for families from pregnancy to 19 (25 with SEND).

Family Hub services include:

- antenatal support
- infant feeding support
- parenting support
- activities for children and young people
- information, advice and guidance

What happens to your information?

The information collected on this form is for the purpose of providing you access to these services which we invite you to join. The information will help us to offer you the right services at the right time for you and your family.

How did you hear about Croydon Family Hubs?

Midwife, Health Visitor, GP

Childcare setting

Friend or family

School

Other (please specify):.....

Would you like further information and/or support (please tick):

Activities for children aged 0-5

Health services and support

Activities for primary age

Nutrition and weight management

Activities for secondary age

Oral health

Childcare / financial support

Special educational needs support

Family support

More information on the full range of services can be found on the Family Hub website. To find out more scan the QR code.

Contact information

Email: familyhubs@croydon.gov.uk

Instagram: [@familyhubscroydon](https://www.instagram.com/familyhubscroydon)

Facebook: Family Hubs Croydon



Please return this form to a Family Hub member of staff.

Information about you and your family

Please complete this section so that we can evaluate the number of families that are using Family Hub services.

*** these fields are required so we can register your family.**

Parent/Carer

Your details

First name(s)*:..... Surname*:

Address*:.....

Postcode*:.....

Contact number(s)*:.....

Email address:.....

Date of birth*:.....

Gender*: Female Male Non-binary Prefer not to say

Which of the following best describes your sexual orientation?

Bisexual Heterosexual Prefer not to say Homosexual

Other (please specify):.....

Ethnicity* (see codes below):

Code:..... Other:.....

Are you an expectant parent? *

Yes No Due date:.....

Main language(s) spoken:.....

Do you consider yourself to have a disability or special need?

Yes No Prefer not to say

If yes, please specify:.....

Are you employed or in training?

Employed Self-employed Seeking work Unemployed

Volunteering Studying/training Maternity leave

Other:.....

Religion:

No religion Buddhist Christian Hindu Jewish Muslim

Sikh Other religion (please specify):.....

Are you a single parent?

Yes No Prefer not to say

What is your relationship to the child/children on this form*:

.....

***Ethnicity codes (please use this information to complete the ethnicity section, we want to make sure that all of our community benefit from Croydon Family Hub services. Telling us your ethnicity will help us to achieve this).**

A1 White British

B2 White and Black African

C2 Pakistani

D2 African

A2 White Irish

B3 White and Asian

C3 Bangladeshi

D3 Any other Black background

A3 Any other White background

B4 Any other mixed background

C4 Any other Asian background

E1 Chinese

B1 White and Black Caribbean

C1 Indian

D1 Caribbean

E2 Any other ethnic group

F1 Prefer not to say

Child/Children

Child 1

First name(s)*:..... Surname*:

Date of birth*:

Gender*: Female Male Non-binary Prefer not to say

Ethnicity* (see codes):

Code:..... Other:

Main language(s) spoken:.....

Does your child have disability or special need?

Yes No Prefer not to say

If yes, please specify:.....

Child 2

First name(s)*:..... Surname*:

Date of birth*:

Gender*: Female Male Non-binary Prefer not to say

Ethnicity* (see codes):

Code:..... Other:

Main language(s) spoken:.....

Does your child have disability or special need?

Yes No Prefer not to say

If yes, please specify:.....

Child 3

First name(s)*:..... Surname*:

Date of birth*:

Gender*: Female Male Non-binary Prefer not to say

Ethnicity* (see codes):

Code:..... Other:

Main language(s) spoken:.....

Does your child have disability or special need?

Yes No Prefer not to say

If yes, please specify:.....

Child 4

First name(s)*:..... Surname*:

Date of birth*:

Gender*: Female Male Non-binary Prefer not to say

Ethnicity* (see codes):

Code:..... Other:

Main language(s) spoken:.....

Does your child have disability or special need?

Yes No Prefer not to say

If yes, please specify:.....

Contacting you

I consent to receiving information about Croydon Family Hub activities and services via

Email Phone call Text WhatsApp

The information you give us will be kept on a secure database to help us develop the services that meet your needs – it also helps us report on what we do. To make sure you and your family get the best service from our Family Hubs, we may need to share information with other professional organisations. We will treat your information as confidential and we will not share it with any other organisation without your consent, unless it is for a safeguarding reason.

The Council considers that the lawful basis for processing this information will be Article 6 (a) Consent, and Article 9 (a) Explicit Consent in respect of any Special Category Data (information regarding your: racial or ethnic origin; political opinions, religious or philosophical beliefs; health and/or sexual orientation). For more information about how we use your information, please see Croydon Family Hub Services Privacy Notice: www.croydon.gov.uk/council-and-elections/privacy-and-data-protection/privacy-notices/croydon-family-hubs-privacy-notice

For more information about data protection and privacy, please contact: CRSPProject@croydon.gov.uk.

Please note that you have the right to withdraw and/or modify this Consent at any time.

Consent – further information about each of these statements can be found in the privacy notice

I understand the information recorded on this form will be processed and stored in accordance with the General Data Protection Regulations.

Yes No

I understand Croydon Family Hub services are delivered by a partnership of services and that the information recorded on this form will be accessible to Croydon Family Hub service providers and used for the purpose of providing support services to me and my family.

Yes No

I have been informed, understand and agree that some of my/my family's information may be shared with Croydon Council Teams, Croydon Health Services NHS Trust Teams and Croydon Family Hub partner agencies for the purpose of providing the most appropriate support to me and my family.

Yes No

I confirm that the information I have provided in this form is accurate to the best of my knowledge.

PRINT NAME:..... SIGNATURE:.....

DATE:.....