

IT IS IMPORTANT THAT YOU READ THE FOLLOWING AND SIGN BELOW

In order to comply with the Data Protection Act and the General Data Protection Regulation (GDPR), we have to provide you with information about the personal data you give to us. The information is set out below:

Rutland County Council is the data controller for the personal information you may provide. You can contact them by phone on 01572 722577, via email to dataprotection@rutland.gov.uk or by writing to them at Data Protection, Catmose House, Oakham, Rutland, LE15 6HP.

Your information will be used to:

- Enable Children's Centre staff offer the appropriate family support when requested.
- Collating and producing statistical information on families who use the Children's Centre services (numerical information only).
- Evaluation of services provided by Visions Children's Centre.
- Identifying families with children of a specified age, for future services/events.
- Identifying families who may be interested in claiming 2 Year Early Education funding.

We shall keep records confidential and share only with authorised persons and other professionals working in partnership with us, these include local authorities, schools, health partners, Job Centre Plus, Early Years providers, the voluntary and community sector and the Department of Education. We are legally obliged to share information with other agencies if there are safety concerns about you or your children.

We will only retain your personal data for as long as necessary to fulfil the purpose we collect it for, including reporting requirements.

You have the following rights under GDPR. Please note not all of these rights apply to all processing. Further details on each right can be found on the RCC website: <https://www.rutland.gov.uk>

- The right to be informed
- The right of access
- The right of rectification
- The right to erasure
- The right to restrict processing
- The right to data portability
- The right to object.
- Rights related to automated decisions making, including profiling.

You are responsible for ensuring that the Personal Information we hold about you is up to date and accurate. If your Personal Information changes, please let us know if you want us to update or correct it by writing to us at: Visions Children's Centre, Catmos Street, Oakham, Rutland, LE15 6HW or via: <http://visionsccc.co.uk/adding-pages>

Please tick the following boxes if you agree with the statements:

- I consent to my family's details being held on the Visions Children's Centres database.
- I would like to be added to the Children's Centre Parent Mail system and receive information on groups/activities and services that may be of interest to me and my family. (Note: We will require either a mobile number and/or email address for each person who wishes to be signed up for Parent Mail).
- I give permission for photographic images to be taken of my child and I understand that these images may be used for publicity purposes by Visions Children's Centres. **No names will be used.**

This form must be signed by a parent/carer who has **parental responsibility** for the child/children detailed.

Signed (Primary Carer): Print Name: Date:

Signed (Secondary Carer): Print Name: Date:

If you would like any help filling in the form then please speak to a member of staff from the centre.

Name of the member of staff who assisted you in the completion of this form:.....

For office use only

Member ID:

Family ID:

Date form received:

Registration details added to database? YES NO Initials:

Date:

Date added to Parent Mail:



Visions

Children's Centre

Registration Form



Main Office:

Visions Children's Centre, Catmos Street,
Oakham, Rutland, LE15 6HW

Tel: 01572 758 383 Email: visions@rutland.gov.uk
Website: www.visionsccc.co.uk



Rutland
County Council

VISIONS REGISTRATION FORM

This section is about you – the main carer

Title: Full legal name: Male / Female

Date of Birth: Relationship to Child: Marital Status:

Address:

Postcode:

Home Telephone: Mobile:.....

Email Address:

Do you smoke? YES NO If YES, would you like help to give up? YES NO

Are you a lone parent? YES NO Are you expecting a baby? NO YES: Due Date:

Do you have any diagnosed disabilities or specific needs? YES NO

(If yes please give details:)

Work Status: Full time Armed Forces Temporary Permanent Self-employed
 Part time Homemaker Student Unemployed Maternity Leave

Please tick benefits that you are currently receiving: None Child benefit Income support

Jobseekers Allowance Employment and Support Allowance Universal credit

Carers Allowance Disability Living Allowance

Ethnicity: White British Other (please specify)

Country of birth: UK Other (please specify)

First Spoken Language:

Level of English spoken: Basic Conversational Fluent

This section is about your partner or child/ren's other main carer

Title: Full legal name: Male / Female

Date of Birth: Relationship to Child: Marital Status:

Address:

Postcode:

Home Telephone: Mobile:.....

Email Address:

Do you smoke? YES NO If YES, would you like help to give up? YES NO

Are you expecting a baby? NO YES Due Date:

Do you have any diagnosed disabilities or specific needs? YES NO

(If yes, please give details:)

Work Status: Full time Armed Forces Temporary Permanent Self-employed
 Part time Homemaker Student Unemployed Maternity Leave

Please tick benefits that you are currently receiving: None Child benefit Income support

Jobseekers Allowance Employment and Support Allowance Universal credit

Carers Allowance Disability Living Allowance

Ethnicity: White/British Other (please specify)

Country of birth: UK Other : (please specify)

First Spoken Language:

Level of English spoken: Basic Conversational Fluent

This section is about your child/ren

Child 1

Legal First Name(s): Legal Surname:
Address:
..... Postcode:
Date of Birth: Male Female Location of Birth:
Has your child any Diagnosed Educational need or Disability (SEND)? NO YES (Please specify):
.....
Ethnicity: White British Other (please specify)
Does this child attend a Nursery setting/Child Minder/Pre-school or School? NO YES
If YES, please state the name of the establishment:
.....

Child 2

Legal First Name(s): Legal Surname:
Address:
..... Postcode:
Date of Birth: Male Female Location of Birth:
Has your child any Diagnosed Educational need or Disability (SEND)? NO YES (Please specify):
.....
Ethnicity: White British Other (please specify)
Does this child attend a Nursery setting/Child Minder /Pre-school or School? NO YES
If YES, please state the name of the establishment:
.....

Child 3

Legal First Name(s): Legal Surname:
Address:
..... Postcode:
Date of Birth: Male Female Location of Birth:
Has your child any Diagnosed Educational need or Disability (SEND)? NO YES (Please specify):
.....
Ethnicity: White British Other (please specify)
Does this child attend a Nursery setting/Child Minder/Pre-school or School? NO YES
If YES, please state the name of the establishment:
.....

Child 4

Legal First Name(s): Legal Surname:
Address:
..... Postcode:
Date of Birth: Male Female Location of Birth:
Has your child any Diagnosed Educational need or Disability (SEND)? NO YES (Please specify):
.....
Ethnicity: White British Other (please specify)
Does this child attend a Nursery setting/Child Minder/Pre-school or School NO YES
If YES, please state the name of the establishment:
.....

PLEASE TURN OVER AND SIGN THE DECLARATION ON THE REVERSE

