

Welcome to Croydon Family Hubs



Family Hubs 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 Special Educational Needs).

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

Friend or family

Website

Other (please specify):

Childcare setting

School

Social Media

If you would like support in any of the following, for example, activities available to you and your family, childcare/financial support, special educational needs support, benefits / budgeting advice, please specify below:

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

Facebook: Croydon Family Hubs

Woodlands: 020 8916 0543

Selhurst: 020 8684 3777 option 1



Information about you and your family

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

*** These fields are required so we can register your family. Please ensure this form is completed by the child/ren's legal guardian.**

Parent/Carer Details:			
First Name(s):		Surname:	
Gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/> Prefer to self-describe:	Ethnicity use code (bottom of page):	
Address:			
Postcode:			
Mobile Number:		Email address:	
Date of Birth:		Relationship to child:	
If you are pregnant, please give estimated due date in format (DD/MM/YYYY):		Main spoken language(s):	
Religion (Please tick one):			
<input type="checkbox"/> No religion <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Sikh		<input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Other (please specify)	
If you consider yourself to have a disability or special need, please give details:			
Emergency Contact Details (Please provide the details of the person we should contact in an emergency. Where possible, this should be someone other than the primary parent/carers.)			
Name:			
Contact number:			
Relationship to parent/carers:			

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

A1 White British	B1 White and Black Caribbean	C1 Indian	D1 Caribbean
A2 White Irish	B2 White and Black African	C2 Pakistani	D2 African
A3 Any other White background	B3 White and Asian	C3 Bangladeshi	D3 Any other Black background (including Black British)
E1 Chinese	B4 Any other mixed background	C4 Any other Asian background	F1 Prefer not to say
E2 Any other ethnic group			

❖ If you have more than three children, please ask for an additional form.

Child/ren Details:	Child 1:	Child 2:	Child 3:
First Name:			
Surname:			
Date of birth:			
Gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/> Prefer to self-describe:	Male: <input type="checkbox"/> Female: <input type="checkbox"/> Prefer to self-describe:	Male: <input type="checkbox"/> Female: <input type="checkbox"/> Prefer to self-describe:
Does the child/ren reside at the same address as the parent/carer listed above? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If no, please complete the address field below:			
Address:			
Ethnicity use code (bottom of page):			
Main spoken language(s):			
Please give details of any disabilities or special needs			

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

A1 White British

B1 White and Black
Caribbean

C1 Indian

D1 Caribbean

A2 White Irish

B2 White and Black
African

C2 Pakistani

D2 African

A3 Any other White
background

B3 White and Asian

C3 Bangladeshi

D3 Any other Black
background (including
Black British)

E1 Chinese

B4 Any other mixed
backgroundC4 Any other Asian
background

F1 Prefer not to say

E2 Any other ethnic group

Contacting you

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 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 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: CRSPROject@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 notes

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

Yes No

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

Email Phone call Text WhatsApp

I understand that information recorded on this form will be accessible to Croydon service providers and may also be shared, where appropriate, with Croydon Council Teams, Croydon Health Services NHS Trust Teams, and Croydon partner agencies. This will only be done 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: