

For office use only	FREF:	Input:	Notes:
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Bexley SNAP receives funding from the London Borough of Bexley and a condition of the funding is that we share information regarding families accessing our services. By becoming a member of SNAP and/or accepting a place on any Local Authority funded service, you are giving us permission to share this information. If you DO NOT consent to share this information, we regret that your family will not be able to access SNAP or its services. This information sharing policy will be adopted for all Bexley Council funded projects with immediate effect.

**1<sup>st</sup> carer details:**  
**Title** ..... **1<sup>st</sup> Name**..... **Surname**.....  
**Home Tel no:**..... **Mobile/Other No:**.....

**2nd carer details (if applicable):**  
**Title** ..... **1<sup>st</sup> Name**..... **Surname**.....  
**Home Tel no:**..... **Mobile/Other No:**.....

**Address**.....  
..... **Postcode**.....

**Email:** .....

**Please complete the section below with details of all your children, including siblings:**

Child's name	Surname (if diff)	Gender	D.O.B.	Age	Impairment OR Sibling	School
		M/F				
		M/F				
		M/F				
		M/F				

**This section is for monitoring purposes only and is confidential – How would you describe your race or ethnic origin**

	Carer1	Carer2	Children		Carer1	Carer2	Children
White British				Bangladeshi			
White Irish				Indian			
White Other				Pakistani			
Mixed – White & Black Caribbean				Asian other			
Mixed – White & Black African				Black African			
Mixed - White & Asian				Black Caribbean			
Mixed – Other				Black other			
Chinese				Other (please specify)			

I understand that the information included in this form is protected under the Data Protection Act 1998  
I consent to photos/videos taken being used for SNAP publicity / website etc. **YES / NO**

**I consent to being contacted by SNAP:**

To be sent activity flyers and newsletters **YES / NO**  
Reminders of dates for activities **YES / NO**  
Training events and workshops **YES / NO**  
Feedback for activities **YES / NO**  
Check with you when not attended sessions **YES / NO**

Signed ..... (Parent/Carer) Print name ..... Date .....