



# FAMILY CONTRACT DECLARATION FORM

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

D.O.B.: 

D	D	M	M	Y	Y	Y	Y
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 National Insurance No.: 

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## Parent/guardian Declaration

<b>Gender</b>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
<b>Have you been resident in the UK or an EU country without restrictions for the whole of the last three years?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Are you in work, training or education?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Are you a care leaver?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

## ETHNICITY Tick the option that best describes your ethnicity or background

White	Mixed/Multiple ethnic groups
English/Welsh/Scottish/Northern Irish/British <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/>
Irish <input type="checkbox"/>	White and Black African <input type="checkbox"/>
Gypsy or Irish Traveller <input type="checkbox"/>	White and Asian <input type="checkbox"/>
Other White background <input type="checkbox"/>	Other mixed/multiple ethnic background <input type="checkbox"/>
Black/African/Caribbean/Black British	Asian/Asian British
African <input type="checkbox"/>	Indian <input type="checkbox"/>
Caribbean <input type="checkbox"/>	Pakistani <input type="checkbox"/>
Other Black/African/Caribbean background <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
	Chinese <input type="checkbox"/>
Other ethnic group	Any other Asian background <input type="checkbox"/>
Arab <input type="checkbox"/>	
Any other ethnic group <input type="checkbox"/>	I prefer not to say <input type="checkbox"/>

**Do you have a health problem or disability?**      Yes       No

**Do you have a learning difficulty and /or disability?**      Yes       No

I confirm that I am willing and able to benefit from the Caleb's Mountain Project

- I declare that the above information is true to the best of my knowledge
- I agree that information can be shared with other organisations involved in supporting the family

Client signature:

Date:

Support Worker/mentor signature:

Date:

Information that you have given on this form is covered under the Data Protection Act 1998. You have a right to see the information which is being held about you. Information may also be shared with your agreement with other organisations providing learning, support and employment opportunities.

Provider Signature: \_\_\_\_\_

Provider Name

**CALEB'S MOUNTAIN**