



# 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"/>
Have you been resident in the UK or an EU country without restrictions for the whole of the last three years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you in work, training or education?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you a care leaver?	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 style="width: 40px; height: 20px;" type="checkbox"/>	White and Black Caribbean <input style="width: 40px; height: 20px;" type="checkbox"/>
Irish <input style="width: 40px; height: 20px;" type="checkbox"/>	White and Black African <input style="width: 40px; height: 20px;" type="checkbox"/>
Gypsy or Irish Traveller <input style="width: 40px; height: 20px;" type="checkbox"/>	White and Asian <input style="width: 40px; height: 20px;" type="checkbox"/>
Other White background <input style="width: 40px; height: 20px;" type="checkbox"/>	Other mixed/multiple ethnic background <input style="width: 40px; height: 20px;" type="checkbox"/>
<b>Black/African/Caribbean/Black British</b> <input style="width: 40px; height: 20px;" type="checkbox"/>	<b>Asian/Asian British</b> <input style="width: 40px; height: 20px;" type="checkbox"/>
African <input style="width: 40px; height: 20px;" type="checkbox"/>	Indian <input style="width: 40px; height: 20px;" type="checkbox"/>
Caribbean <input style="width: 40px; height: 20px;" type="checkbox"/>	Pakistani <input style="width: 40px; height: 20px;" type="checkbox"/>
Other Black/African/Caribbean background <input style="width: 40px; height: 20px;" type="checkbox"/>	Bangladeshi <input style="width: 40px; height: 20px;" type="checkbox"/>
	Chinese <input style="width: 40px; height: 20px;" type="checkbox"/>
<b>Other ethnic group</b> <input style="width: 40px; height: 20px;" type="checkbox"/>	Any other Asian background <input style="width: 40px; height: 20px;" type="checkbox"/>
Arab <input style="width: 40px; height: 20px;" type="checkbox"/>	
Any other ethnic group <input style="width: 40px; height: 20px;" type="checkbox"/>	I prefer not to say <input style="width: 40px; height: 20px;" type="checkbox"/>

Do you have a health problem or disability? Yes  No

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

5. Which of these areas did you feel that the support worker was most helpful with and why?

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6. Do you feel the family support worker understood and listened to your opinions and concerns?

Yes  No

6a. If no, please tell us why:

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7. Are there any areas where you think we could improve our service?

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Name: ..... Child(rens) name: .....

Address: ..... Signed: .....

..... Date: .....

Post code: .....

Thank you for taking time to complete this questionnaire.

Your responses are valuable to us and will help us to improve our service.