##### Big Sibs : Registration Form

##### --- Please fill in this form in CAPITAL letters ---

Before filling out this form please make sure you have spoken to a member of staff at SCA to confirm that we are still accepting referrals and that the child is eligible. Please write below the name of the SCA staff member you spoke to and the date of the conversation.

**SCA staff member’s**  **name: Date:**

Child’s details:

First name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth (dd/mm/yyyy): \_ \_ / \_ \_ / \_ \_ \_ \_ Gender: Male [\_] /// Female [\_]

Parent / Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(1) Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) Home tel no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (3) Work / Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(4) E-mail address (please use capital letters!):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We strive to use as little paper as possible. If you provide us with your e-mail address, future correspondence will reach you quicker, will be environmentally friendly and will eliminate the postage costs.

**Reasons for referral (please tick all that apply):**

We are a one parent or carer family [\_]

My child has a disability / learning difficulties / behaviour problems [\_]

A family member has a disability / learning difficulty / behaviour problem [\_]

Other (please state below): [\_]

|  |
| --- |
| **Does the child have any medical needs we need to be aware of?** (eg mobility problems, epilepsy) |
| **Relevant information about the child’s/family’s situation:** (Including illnesses, behavioural problems, physical disabilities or learning disabilities) |
|  |

**Would you prefer your child’s Big Sibling to be** [ ] male [ ] female [ ] don’t mind

**Are there any pets in the house? If yes, what type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| What does the child like to do? | What does the child dislike to do? |
|  |  |

|  |
| --- |
| **Family details – please list all the other children in the household** |
| Child’s name | Date of birth(dd/mm/yyyy) | Disability/ learning difficulty/ behavioural problems? (Please give details) |
|  |  |  |
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|  |  |
| --- | --- |
| In case of emergency contact (if we’re unable to reach the parent) | Name:Relationship to child:Phone number: |
| Social Worker Details if you have one: |  |
| Other support family is receiving: |  |
| Any other information or comments including any specific times you can or can’t have visits. |
|  |

**How do you know about the Big Sibs scheme?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Could you (the person filling in this form) please provide your name and contact details below:**

Name: ……………………………………………………………… Phone number: …………………………………..

e-mail: …………………………………………………………….

Relationship to child you are referring …………………………………………………………………………………………….

Privacy notice – Data protection Why we ask for data, we may be required to give information to third parties, such as expert witnesses and other professionals. Clients have the right to access the personal data we hold about them