**Blackburn with Darwen Parents in Partnership (BwDPIP) – Data Registration / Contact Information Form**

Please complete this form to keep in touch with BwDPIP and ensure your voice is heard in shaping the future for Children and Young people with Additional Needs and Disabilties in Blackburn with Darwen.

**Section 1 – About you**

|  |  |
| --- | --- |
| Title *(i.e. Mr, Mrs, Master, Miss etc..)* |  |
| First Name |  |
| Surname |  |
| Address*(Please include your postcode)* |  |
| Council Ward |  |
| Telephone Number |  |
| Email Address |  |
| Preferred Contact Method | Telephone |  | Email |  |
| Ethnicity |  |
| Where did you hear about BwDPIP? |  |

**Section 2 – About your child or young person**

|  |  |
| --- | --- |
| Child / Young Person’s Name  |  |
| Primary Need or Diagnosis |  |
| Child / Young Person’s Date of Birth |  |
| Name of Nursery / School / College |  |
| Is the provision mainstream or Specialist? |  |
| Is this in Blackburn with Darwen? If not please state which Local Authority the school is in  |  |
| SEN status | None |  | SEN Support |  | Statement |  | EHC Plan |  |

**Data Protection Statement**

All data is collected and stored securely in compliance with UK data protection legislation. Please be assured your details are held securely by BwDPIP and we not share personal information with any other party without your express consent.

**Consent**

By signing below you consent to BwDPIP storing your details on our database and giving consent for BwDPIP to use these for marketing and promotional information purposes.

|  |  |
| --- | --- |
| Print Name: |  |
| Signature: |  |
| Date: |  |