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| Manchester Family Hub  Empowering Parents Empowering Communities (EPEC)  Being a Parent (aged 1 to 3) Course Interest Form | A blue and black logo  Description automatically generated |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parent/carer Full Name | | | | | Parent/carers Date of Birth | | | Relationship to child | | |
|  | | | | |  | | |  | | |
| Address | | | | | | Telephone Number(s) | | | | |
| Post Code: | | | | | |  | | | | |
| Email Address | | | | | | Languages spoken | | | | |
|  | | | | | |  | | | | |
| Parent Ethnicity | | | | | | | | | | |
|  | White British |  | Asian or Asian British: Indian | | | | |  | Mixed White and Black Caribbean | |
|  | White Irish |  | Asian or Asian British: Pakistani | | | | |  | Mixed White and Black African | |
|  | Other White |  | Asian or Asian British: Other | | | | |  | Mixed White and Asian | |
|  | Black or Black British: Caribbean |  | Asian or Asian British: Bangladeshi | | | | |  | Other mixed origin | |
|  | Black or Black British: African |  | Chinese | | | | |  | Other ethnic group – please state | |
|  | Black or Black British: Other |  |  | | | | |  |  | |
| Child’s Name | | | | Male (M) Female (F) or Non-binary (NB) | | | Child’s Date of Birth | | | Child Ethnicity (Please select from above) |
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| Please note anything you would like the trainers to be aware of to help you get the most from the course e.g. disabilities, translator requirements, dyslexia/literacy needs, physical needs |
| Creche required? YES  NO  We recommend you use alternative childcare options where available so you can have the space to concentrate on you! |

Parent Signature………………………………………………………………………….Date………………………

(If parent is completing)

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| Referrer Details (if request is being made on parents behalf) | |
| Name | Agency |
| Referrer Signature | I have parents’ permission to provide the above information |
| Telephone Number | Date |