Groby Surgery.

Child Registration Form (under 16 years old) NOT registered with the NHS or

From Overseas.

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(Under 16 years old)

111 Station Road, Glenfield, Leicester, LE3 8GS

Tel: 0116 2333600, Web: www.theglenfieldsuregery.co.uk

Thank you for applying to join The Groby Surgery. We would like to gather some information about you and ask that you fill in the following questionnaire. You don’t have to supply answers to all of the questions but what you do fill in will help us give you the best possible care. **Please provide proof of address.**

Please complete all areas in **CAPITAL LETTERS** and tick the appropriate boxes. Please ensure an adult **SIGNS** and **DATES** this form.

**Fields marked with an asterisk (\*) are mandatory.**

|  |  |  |  |
| --- | --- | --- | --- |
| \*Title | \*Surname |  | \*First name & other names |
| Calling Name: | |  | \*Date of Birth |
| \*Male Female | |  |  |
| Country of birth: | |  | \*Home address  \*Postcode: |
| \*Is the child a looked after child? Yes No  A **child** who is being **looked after** by their local authority is known as a **child** in care. They might be living: with foster parents, at home with their parents under the supervision of social services or in residential **children's** homes. | |  |
|  | \*Home telephone No. |
|  | **Contact Mobile No.**  As a practice we will send text messages where appropriate, if you wish NOT to receive texts No |
| Relationship to child: |

**\*Additional details about the child**

|  |
| --- |
| \*Ethnic group?  **White**  British  Irish  Other White (please specify):  **Black**  Caribbean  African  Other Black (please specify):  **Asian**  Indian  Pakistani  Other Asian (please specify):  **Mixed**  White & Black Caribbean  White & African  White & Asian |

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| If their preferred spoken language is NOT English please indicate what it is |

**A ‘carer’ is someone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem**

**or an addiction cannot cope without their support.**

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| --- |
| Is the child Cared for? Yes No  Name & Relationship:  Their contact details:  ( 918F) |
| Is the child a Carer? Yes  No (Ub1ju)  If yes, do they look after someone who is a patient of The Glenfield Surgery? Yes No  Don’t know |
| Is the child Fostered? Yes  No Has the child been Adopted? Yes  No  Foster/Adoptive Parent’s Names |

**Jul 22**