

## **Solihull Family Information Service - Parents' Network**

Parents often say that they find it difficult to get information and find out what is going on in their area for their children and their families. By joining our Parents' Network you will be kept up to date through a termly newsletter. This will include information on;

- services, activities or events happening in the Solihull borough
- things that are happening or changing to make things better for you and your children
- ways you can get involved and have your say about what's happening for you and your children

As well as the newsletter, you may also receive information about specific events that we are not able to include in the newsletter because of short timescales.

- Your details will not be passed on to anyone else
- You can remove your details whenever you wish
- Your details will not be used for anything other than to provide you with information on a regular basis

If you would like to join the Parents' Network, please complete the registration form enclosed and return it to Solihull Parents' Network, Family Information Service, Keepers Lodge, Chelmsley Road, Chelmsley Wood, Solihull, B37 7RS or email [parentsnetwork@solihull.gov.uk](mailto:parentsnetwork@solihull.gov.uk)

## Solihull Parents' Network - Registration Form

Name						
Address						
Postcode						
Telephone						
Mobile number						
Email						
Are you (please circle)	Male			Female		
What is your age range? (please circle)	Under 16	16 – 24	25 – 34	35 – 44	45 – 59	60+
What year was your child (or children) born?						
Do any of your children have a disability or additional need? Please give details						
What year was this child born?						

**Please note:** In order to cut costs, information will be sent via email if an email address is provided.

I agree to my details being held on the Solihull Parents' Network Register by the Family Information Service and understand that;

- I will receive regular newsletters and information
- My details will not be passed on to anyone else
- I can remove my details whenever I wish by contacting the Family Information Service

Signed .....

Date .....

Please return this form to:  
 Solihull Parents' Network  
 Solihull Family Information Service  
 Keepers Lodge  
 Chelmsley Road,  
 Chelmsley Wood,  
 Solihull,  
 B37 7RS  
 Or email [parentsnetwork@solihull.gov.uk](mailto:parentsnetwork@solihull.gov.uk)

Please turn over
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## Ethnic Monitoring Form

**Solihull Council is committed to Equal Opportunities. Within our Equal Opportunities Policy, we attempt to;**

- promote fairness and equality of access to all in respect of service provision and employment.
- The aim of our policy is to ensure that no individual receives less favourable treatment on grounds of colour,
- race, ethnic or national origin, gender, disability, sexual orientation, age or religion. In order to help us
- effectively monitor our service, please complete this monitoring form.

All information provided by you will be kept confidential.

**Gender (please circle)**      Male                  Female

**Ethnicity (please circle)**

**White:**                  British                  Irish                  Other

**Mixed:**                  Caribbean                  White & Black African                  White and Asian                  Other

**Asian or Asian British:**                  Indian                  Pakistani                  Bangladeshi                  Other

**Black or Black British:**                  Caribbean                  African                  Other

**Chinese or other Ethnic Group:**                  Chinese                  Other

**Language**

Is your first language English?                  Yes                  No

If no, please state your first language:

**Disability**

The Disability Discrimination Act (DDA) 1995 defines a disability as “a physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities”.

**Do you have an illness or condition that is considered a disability as defined under the DDA?**    Yes                  No

If Yes, please tick nature of disability:

- Visual Impairment
- Hearing Impairment
- Learning Disability
- Mental Health Condition
- Physical Disability
- Other (Please specify):

**Faith, Religion or Belief**

Do you have a faith, religion or belief you would like to mention? (if so, please circle)

Christian                  Hindu                  Muslim                  Sikh                  Jewish                  Buddhist

No religion or belief                  Other (Please specify): \_\_\_\_\_

**Sexuality**

Would you like to mention your sexual orientation? If so, please circle

Heterosexual                  Gay Man                  Lesbian Woman                  Bisexual

Other (Please specify): \_\_\_\_\_