

Setting Name	Mistley Kids Club
Reference Number	EYCC/FA1617/

**Equality Monitoring Data Form**

This form needs to be completed by the parent/guardian of the child.

Essex County Council and its partners provide a range of services to the communities it serves and want to ensure we are responsive to the needs of all members of our community.

Therefore, may we have your parental consent to collect this information for the child for whom this grant has been awarded?

**Do you consider your child to have disability, or a long-term illness, physical or mental health condition?**

*The Disability Discrimination Act 1995 and the Equality Act 2010 define a person as disabled if they have a physical or mental impairment, which has a substantial and long term effect (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person's ability to carry out normal day-to-day activities.*

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
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**Your child's ethnic origin**

White:		Black or Black British:		Mixed:	
British		Caribbean		Asian and White	
Irish		African		Black African and White	
Irish/Scottish Traveller		Other Black		Black Caribbean and White	
Gypsy/Roma				Other Mixed	
Other White					
<b>Asian or Asian British:</b>		<b>Chinese</b>			
Bangladeshi		Other ethnic group (please specify)			
Indian					
Pakistani					
Other Asian					

**Is your child male or female?** Male  Female

**Your child's religion**

<input type="checkbox"/> No Religion	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu
<input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh	<input type="checkbox"/> Prefer not to say



**THIS PAGE IS TO BE RETAINED AT THE SETTING**  
**Please do not send it to EYCC**

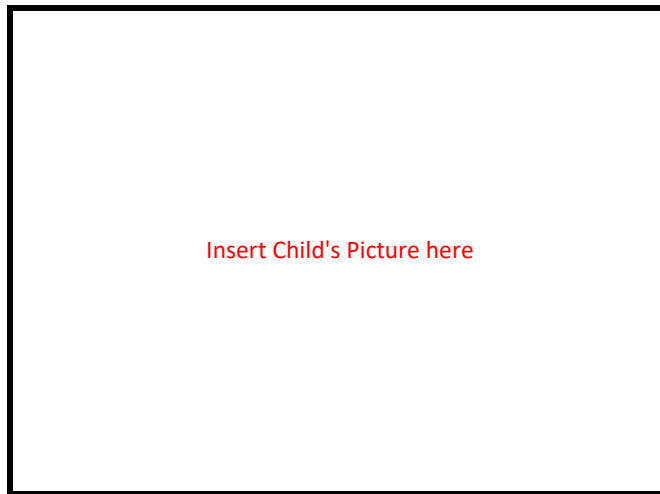
<b>Your name</b>	
<b>Your signature</b>	<b>Your relationship to the child</b>

**Data Protection statement:**

Essex County Council will process your personal and sensitive information and answers given in this document in accordance with the Data Protection Act. Essex County Council are collecting your personal information in order to process this application. ECC will only use the information given for monitoring purposes. ECC are required to request monitoring information from the childcare provider to confirm the child's attendance at the setting and will also request other monitoring evidence relating to the application.

# Mistley Kids Club

## SEND "All About Me"



My Name is

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Date Of Birth

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School Attended

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Essex Short Breaks ID

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Mistley Kids Club Ltd.  
Furze Hill Village Hall, Shrubland Road, Mistley, Essex, CO11 1HS  
[www.mistleykidsclub.co.uk](http://www.mistleykidsclub.co.uk) 07809176252  
Registered Charity Number 1140273

<b>Can your child do each of the following unaided?</b>	<b>Yes</b>	<b>No</b>	<b>Notes</b>
Use the toilet?			
If no, do you consent to a member of staff assisting with your child's toileting?			
Crawl or Walk?			
Feed themselves?			
Use a cup or a bottle?			
Tell us when they are thirsty or hungry?			
<b>Does your child...</b>			
Have a preference on gender of staff caring for them?			
Have an item they use for comfort?			
Make friends easily or prefer their own company?			
Take part in group games and activities?			
Wear glasses, hearing aids or splints?			
If yes, do they need to wear them at all times?			
Hurt themselves or others, when upset?			
Run away or try to escape?			
Have anything you don't want them to take part in?			
<b>Basic info about your child</b>	<b>Notes</b>		
Child's diagnosis			
Things they enjoy doing or playing with			
Things they don't like/Triggers			
How to calm your child down, if upset			
How your child communicates			

### MEDICATION INFORMATION

If your child requires any prescription medication whilst at Kids Club, please fill in the chart below.

I give permission for a nominated member of Mistley Kids Club staff to be able to administer medication or assist with any medical care requirements that my child, ..... requires.

*(child's name)*

Please remember to send in all medications with the correct pharmacy label with the date, dosage and name of the child.

Time(s)	Name Of Medication	Dose	Notes

### TOILETING INFORMATION

If your child requires assistance with toileting, please tick the relevant box below.

I give permission for a nominated member of Mistley Kids Club staff to be able to assist in any personal care that my child, ..... requires.

*(child's name)*

Only allow Females to assist my child.

Only allow Males to assist my child.

No Preference.

Parent/Carer Signature

Date



Essex County Council require certain information to be recorded for each child upon registration.  
Please tick all boxes that apply to your child.

ADHD	
Aggressive Behaviour	
Autism	
Cerebral Palsy	
Chromosome Disorder	
Communication	
Cystic Fibrosis	
Dietary Needs	
Downs Syndrome	
Epilepsy	
Foetal Alcohol	
Global Development Delay	
Lack Of Safety Awareness	
Medical Problems	
Mobility Issues	
Personal Care	
Rett's Syndrome	
Tube Fed	