

REGISTRATION OF CHILD/YOUNG PERSON (0-16)

Please complete all sections clearly in black ink

Name _____ Sex M / F

Date of birth ____ / ____ / ____ GP Surgery _____

Current address _____

Home no _____ Mobile _____

School/Nursery _____

Ethnic Group _____ (please enter ethnic group code (see table overleaf))

First language _____ Religion _____

Main carer _____ Relationship _____

Form completed by _____ Date _____

If applicable

Previous address _____

Previous GP _____

Previous school _____

Thank you. This information will be shared with the Primary Health Care Team

FOR HV/SHN USE ONLY

Information received ____ / ____ / ____

Records requested from _____ On ____ / ____ / ____

Information sent to Child/School Health ____ / ____ / ____

Ethnic Group Codes

Please enter your ethnic group code in the space provided on the front of this form

<u>Ethnic Group</u>	<u>Code</u>
<u>White</u>	
British	A
Irish	B
Any other white background	C
<u>Mixed</u>	
White & Black Caribbean	D
White & Black African	E
White & Asian	F
<u>Asian or Asian British</u>	
Indian	H
Pakistani	J
Bangladeshi	K
Any other Asian background	L
<u>Black or Black British</u>	
Caribbean	M
African	N
Any other Black background	P
<u>Other Ethnic Groups</u>	
Chinese	R
Any other Ethnic group	S