

**Early Years Worker
Data Registration Form
2010 to 2011**



DR1

Title:		Legal first name(s):	Surname:
Date of birth:		National Insurance Number:	
Start date at current setting:			
Setting Name:		Are you?	
Setting Address:		Full time	<input type="checkbox"/>
Setting Telephone Number:		Part time	<input type="checkbox"/>
Setting Email address:		Full time student	<input type="checkbox"/>
		Part time Student	<input type="checkbox"/>
		Volunteer	<input type="checkbox"/>
Home Address:		<p>Data Protection: Personal information that you provide will be held securely and will only be shared for planning the provision of services, providing a service to you, informing you about Council services, seeking your views and to enable auditing of Council services, seeking your views and to enable auditing of Council activities. Anonymous statistical information may also be passed to other organisations to assist in the planning and monitoring of services. Plymouth City Council is also under a duty to cooperate with the prevention and detection of crime and legislation may result in information about you being passed to others. The Data Controller for Plymouth City Council is the Corporate Information Manager based at the Civic Centre. Tel. 01752 304522 who can be contacted about the use of your personal information. Email: information.governance@plymouth.gov.uk</p>	
Home Telephone number:			
Mobile:			
Email:			
<p><i>This information is only used for reference, in case of emergency or cancellation of courses at short notice</i></p>			
Job Role/Title:			
Ethnic origin: please indicate			
White British White Irish Mixed White and Black Caribbean Mixed White and Black African Mixed White and Asian Asian or Asian British-Indian		Asian or Asian British-Pakistani Asian or Asian British-Bangladeshi Black or Black British-Caribbean Black or Black British-African Chinese Other	
Are You registered as disabled? Please specify the nature of your disability:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please list qualifications, training courses and continual professional development undertaken in the period March 2010 – February 2011 (please use additional sheets when necessary)			
Type of study	Qualification/Level	Subject	
Please ensure that all details are correct, sign and return to All Children First			
Manager's signature:		Date:	
.....		
Delegate's signature:		Date:	
.....		