

**Bright Futures Registration Form**

**Consent statement:** By completing this registration form or going ahead with a meeting (via phone, online or in person) with the Bright Futures SEND Transitions Advisor you and your young person are agreeing to:

* Joining the Bright Futures mailing list
* Ruils holding necessary data about you, your young person and the work we do together

If we need to speak to anyone outside of Ruils on your behalf we will ask for permission as needed.

For further details on how your information is used, how we maintain the security of your information, and your rights to access or erase information we hold on you, please view our full Privacy Policy on our website <http://www.ruils.co.uk/your-information> or contact us on **020 8831 6083** or on email via [info@ruils.co.uk](mailto:info@ruils.co.uk) to request a paper version

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| **Parent/Carer details: Name, address, email address and preferred phone number** |
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| **Other than by email can we contact you by: phone / text / post** |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Young person’s details: Name, Date of Birth** | | | | | | | |
|  | | | | | | | |
| Diagnosis/disability |  | | | | | | |
| Gender | Male | Female | | Other: | | | |
| Ethnicity | Asian or Asian British | | Black, African, Caribbean, Black British | | Mixed, multiple ethnic groups | White, Irish, British, other | Chinese and other ethnic groups |

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| Would you like to be added to our Children’s Services Email list, including the Newsletter:  Would you like to receive the Ruils newsletter (via email):  Would you like to become a member of Ruils: | Y  Y  Y | N  N  N |

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| --- | --- | --- | --- |
| Print name |  | Date |  |
| Signature |  |