

Live IT Join Form

Parent's/carer's name			
Parent's/carer's address including postcode			
Parent's/carer's email			
Child's name			
School		Contact Number	
Child's address including postcode (if different to yours)			
Child's date of birth			
Child's GP practice			
Child's height metres/feet and inches		Child's weight kilos/stones and pounds	
Child's BMI (if known)		How did you hear about Live IT?	
Do you or your child have any communication needs? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please tick the relevant need language <input type="checkbox"/> visual <input type="checkbox"/> hearing <input type="checkbox"/>			
How would like to receive your child's Start Your Journey form (the next stage of the application process) Note that email is the quickest way to complete and send the form.			
Post <input type="checkbox"/> email <input type="checkbox"/>			
Child's ethnicity and gender (please tick)			
White		Black or Black British	
Mixed		Chinese	
Asian or Asian British		Other	
Gender			
Male <input type="checkbox"/> Female <input type="checkbox"/>			

Please return this form in the Freepost MID 24259 Derby City Council Corporation Street Derby DE1 2BR.

We will treat all information provided in confidence and in accordance with the Data Protection Act 1998. It will be used for the purpose of managing your Live IT 12-month programme and for reporting and analysis purposes for three years. We may need to share it with other departments or organisations to support the care connected to your health and wellbeing – but this will be with your consent unless the law allows us to do so without your explicit consent. We may contact you after your programme has ended to request further information about your health situation which will be used for reporting and analysis. We will not share your information with any other organisations and it will not be used for any other purpose.



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