

13/07/07

PARENT & CHILD PROJECT

Tracker No/...../.....

The information you provide is strictly confidential.
It is used to compile statistics which can demonstrate the value of the organisation to our funders.

PLEASE PRINT CLEARLY

FIRST NAME: _____ **SURNAME:** _____

(Preferred first name) _____ **Telephone Home:** _____ **Mobile:** _____

Address: _____

_____ **Postcode:** _____

Email address: _____

Date of Birth _____ **N.I. Number** _____

1) For Training / Advice & Guidance, would you travel by:

car bus bike walk other _____

2) Sex: Female Male

3) 16-17 18-24 25-35 36-49 50+

4) Name of Child Attending: _____ **Date of Birth:** _____ **Male/Female**

Do you have any children under the age of 16? Yes No

If yes how many? _____ Ages of Children _____

Do you require crèche places for any of these children ? Yes No

If yes please give number of children _____ Ages of children _____

5) Do you or your child have a Disability and/ or Health Problems? Yes No

Please Give Brief Details: Self _____

Child: _____

Do you or your child have a Learning Difficulty and/ or Disability? Yes No

Please give Brief Details: Self _____

Child: _____

Do you or your child have any special needs? Yes No

Please give Details: Self: _____

Child: _____



6) Are you a lone parent? Yes No

7) Do you have a caring responsibility Yes No

8) Highest Level of Qualification Gained: (see explanatory sheet or ask for help)

None Level 0 Level 1 Level 2 Level 3 Level 4 Level 5

Details _____

9) Employment status: Are you in Paid Work over 16 hours per week? Yes No

IF YES Approximately how many hours per week do you do paid work? _____

What is the size of your current employer 1-249 249 or above Is your job secure? Yes No Are you threatened with redundancy? Yes No Are you self employed? Yes No

IF NO (or you are working for less than 16 hours)

Are you registered unemployed Yes No Are you on Benefits? Yes No

Which benefits are you receiving? _____

How long have you been out of paid work: 0-5mth 6-11mth 12-23mth 2-3yrs 4-10yrs 10yrs+

10) Please list any past work experience (This can be paid or unpaid) _____

11) Are you looking for further training? Please give details if known _____

12) Are you looking for work? Please give details if known _____

13) Would you agree for your details to be passed to our funders to enable them to contact you in a follow up survey? Yes No

14) Where did you first hear about MK Women & Work Group _____

15) Where did you first hear about the Parent & Child Project _____

16) In order to comply with our equal opportunities policy please tick the appropriate box

White/British Mixed White/Black Caribbean Asian / Indian Black /Caribbean Chinese
 White/ Irish Mixed White/ Black African Asian / Pakistani Black / African Japanese
 White/ Other Mixed White/ Asian Asian/Bangladeshi Black / Other
 Mixed Other Asian/ Other Other: _____

Prefer not to say

17) Language(s) Spoken: _____

18) Have you been permanently resident in the UK for the last 3 years? Yes No

I hereby declare that the information I have provided is correct to the best of my knowledge, and I confirm the above discussion. I agree to complete and return all forms and notify Women & Work if I gain employment and/or go onto further training with another organisation

Clients Signature: _____ Date: _____

A M H R E