

Register of Members Interests Entry Form



Name: _____

Address: _____

Please use the tick boxes to indicate your areas of interests.

Adoption		Elderly people		Immigration		Refugees / asylum seekers	
Adult Education		Ethnic minorities		Keeping safe		Safety / keeping safe	
Armed Forces Issues		Faith group		Large families		Schooling issues	
Babies: antenatal		Family learning		Lone parents		Separation / access issues	
Babies: postnatal		Family support or therapy		Looked after children / children in care		Social activities	
Bereavement		Fathers and parenting		Mental health		Special needs / disabilities	
Bullying		Financial help / advice		Missing persons		Specific learning difficulties	
Carers		Fostering / Adoption		Mothers and parenting		Teenagers	
Child who offends (criminal offence)		Funding / grants/ benefits		Parenting: general		Travellers	
Childcare		Gay / Lesbian issues		Parents – information and support		Twins and multiple births	
Children with behaviour difficulties		Grand-parenting		Parents and the law		Victims of crime	
Community Organisation		Highly able / talented children		Physical health and function		Womens groups	
Domestic Violence		Holidays / playdays		Pre-school children		Working parents	
Drug / alcohol misuse: child		Homelessness		Reading / literacy skills		Young parents	
Other: (please specify)						Youth club / activities	

Level of availability, i.e. hours per week.

Hours per week

Hours per month

Times at which you are unavailable. _____

Would you require childcare?

Yes

No

Sometimes

Would we have to make any special arrangements in order for you to be able to participate, i.e. Hearing Loop? _____

These details will be stored on a secure database and will not be shared with others. When we receive a request for parents we will ring you with contact details and you can contact the relevant person directly.

Thank you.

Plymouth Parent Partnership
 Martins Gate
 Bretonside
 Plymouth
 PL4 OAT
 Tel: 01752 258933

Signature: _____ Date: _____