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|  | **THE FAMILIES, CHILDREN AND CHILD CARE STUDY****Request for Data Documentation Form** |
| REGISTRATION INFORMATION |
| Title  | First Name  | Last Name |
| Email Address | Telephone |
| CONTACT INFORMATION |
| Address |
|  |
| Post Code | Country |
| Department |
| Discipline |
| Institution |
| Institution Address |
|  |
| Post Code | Country |
| DATA REQUEST |
| Please give details below data you would like to access |
|  |
| SIGNATURE AND DATE |
| Signature | Date |

Please return a hard copy of this form, **with a signed copy of the Data Sharing Agreement**, to:

Professor Jacqueline Barnes, Institute for the Study of Children, Families and Social Issues, Birkbeck University of London, Room 655, 6th Floor, Malet Street, London. WC1E 7HX. UK