**REFERRAL FORM (PROFESSIONALS)**

**GROUP PARENTING PROGRAMMES**

**Details of person making request:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Agency:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **Email Address:** |  |

**Please identify parent/s or child/children to be referred**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Address:** | **Tel No/Email** |
|  |  |  |
|  |  |  |
|  |  |  |

**Family Composition**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Role** | **Address**  **(If different from above)** | **Current School** |
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| --- | --- | --- | --- |
| **Ethnicity:**  **Family’s First Language:**  **Interpreter Required (Yes/No)** |  | **SEN/Additional Needs** |  |
| **Other services/agencies** |  | | |
| **Does the family need support with travel costs?**  **Yes/No** | **If ‘Yes’ please give brief details here:** | | |

|  |  |  |
| --- | --- | --- |
| **Is the family currently open to Children’s Social Care**  **(please tick which applies)**  **Name of Social Worker:** | **Yes** | **No** |

**Reason for request**

|  |
| --- |
| Please provide relevant details on current family and home situation |
| 1) Please include what assessment/s are currently in place?  2) Is this intervention part of a wider support plan? |
| What issues would you like this programme to address?  . |
| What does this family hope/want to achieve from this programme?  . |

**Please identify the appropriate parenting programme to meet the family’s needs.**

Please see attached guidance on programmes available. If you are unsure, please note ‘unsure’ and our team will allocate to the most appropriate programme)

|  |
| --- |
| Programme requested:.  Preferred date and venue (see schedule): |

**Data Protection**

The information provided on this form will be stored safely and securely in line with data protection guidelines.

I understand and agree that the information recorded on this form may be shared or stored with other children’s and family services.

**Signature of parent/carer Print Name:**

**Date on behalf of parent:**

**Please return the Parenting Request Form to:**

earlyhelpservice@gateshead.gov.uk

Early Help Service Team 1, Children and Families Support Service,

Care, Wellbeing & Learning,

Civic Centre, Regent Street, Gateshead NE8 1HH

(Tel. No. for queries 0191 433 3426)