**REFERRAL FORM (PARENTS/CARERS)**

**GROUP PARENTING PROGRAMMES**

**Parents/Carers:**

|  |  |  |
| --- | --- | --- |
| **Name 1:** |  | |
| **Name 2:** |  | |
| **Address:** |  | |
|  |  | |
|  |  | Post Code: |
| **Tel No.:** |  | |
| **Email:** |  | |

**Child:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Gender** | | **Current School** |
| **Male** | **Female** |
|  |  |  |  |  |

**Other Children:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Age** | **School Attended** |
|  |  |  |
|  |  |  |
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| --- | --- | --- | --- |
| **Family’s First Language:**  **Interpreter Required:**  **(State Yes/No)** |  | **SEN/Additional Needs** |  |
| **Do you need support with travel costs?**  **Yes/No** | **If ‘Yes’, please give brief details** |

**Why do you want to attend a parenting programme?**

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**Other needs and/or requirements**

Is there anything else happening in your family that you think would be helpful for us to know about? For example, do you or your partner have mental health needs? Are your family involved with Social Services? Does your child have a learning disability?

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**Would you consider attending a group outside your area? Yes No**

**(but still within Gateshead)**

**How did you hear about our parenting programmes?**

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| --- |
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|  |

**Please identify the appropriate parenting programme to meet your 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 if known:  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 Gateshead Council children’s and family services.

**Parent/Carer signature: ………………………………………………………..**

**Print Name: …………………………………………………Date: ………………..**

**Please return the completed form to:**

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)