

Parenting Programme Referral Form

Parental Engagement Team 5th Floor, Mulberry Place, 5 Clove Crescent, London E14 2BG
Tel: 020 7364 6398 Email: parenting@towerhamlets.gov.uk



Parents and carers wishing to attend a parenting programme should complete the Blue section of this form. Professionals should complete all sections of this form. Please post or email the completed form to the above address.

Parent/Carer Information 1

Name: M / F

Address:

Post Code:

Tel:

Mob:

Email:

Parent/carers can speak and understand English:

Yes No

Language spoken at home:

Parent/Carer Information 2

Name: M / F

Address:

Post Code:

Tel:

Mob:

Email:

Parent/carers can speak and understand English:

Yes No

Language spoken at home:

Landlord if known:

Tower Hamlets Council

Poplar Harca

Other

Tower Hamlets Homes

Not Known

Please state

Child's Full Name	Date of Birth	School/Children Centre/Early Years Setting
1.		
2.		
3.		
4.		
5.		
6.		

Preferred time of course:

Mornings Evenings Weekends *(time cannot be guaranteed)*

Interest expressed in the following programmes:

Speakeasy

Teenagers

Mellow Parenting

Dads

SFSC

MPACT

Triple P

ADHD

Emotional First Aid

Incredible Years/cyp-iapt

Not sure

Child care required:

Yes

No

(Crèche cannot be guaranteed)

Is there a Common Assessment Framework (CAF) for this family?

Yes

No

Team/Service/Agency Making Referral:

Referrer's Name:

Role:

Address:

Post Code:

Phone:

Have you obtained consent from the parent/carer to make this referral?

- Yes Consent to share information was obtained as part of our original assessment
- Yes Parent/ carer gave their agreement for me to make this referral on their behalf
- No The referral is being made as part of an LBTH Children's Social Care assessment
- No The referral is being made as part of a YOT statutory parenting order

If you have not obtained consent for any reason other than the two stated above, you should not proceed with this referral until consent to do so is obtained.

Reason for referral:

- | | | |
|---|--|--|
| <input type="checkbox"/> Self Referral | <input type="checkbox"/> Single Parent Needs Support | <input type="checkbox"/> Drug/Alcohol Issues |
| <input type="checkbox"/> ADHD Diagnosis | <input type="checkbox"/> Risk of Involvement in Gangs/Extremist Activity | <input type="checkbox"/> YOT Statutory Parenting Order |
| <input type="checkbox"/> Poor Behaviour | <input type="checkbox"/> Child ASB/ASBO | <input type="checkbox"/> YOT Voluntary Parenting Contracts |
| <input type="checkbox"/> Poor School Attendance | <input type="checkbox"/> CSC Initial/Core Assessment | <input type="checkbox"/> Other |
| <input type="checkbox"/> Disrupted Family Life | | |
| <input type="checkbox"/> Exclusion | | |

What other relevant information should be considered?

As the referrer, what is your plan for ongoing input to this family?

Are other agencies involved with the family? Yes No

If YES please state agency:

Contact details:

Diversity Monitoring (Parents/Carers)

Example

KEY: Parent 1 Parent 2

1	English
2	Caribbean

Please write 1 or 2 to indicate parent 1 or 2 in the boxes as shown above

Residency

British/United Kingdom citizen?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Age

<input type="checkbox"/>	12-19	<input type="checkbox"/>	44-52
<input type="checkbox"/>	20-25	<input type="checkbox"/>	53-59
<input type="checkbox"/>	26-34	<input type="checkbox"/>	60-64
<input type="checkbox"/>	35-43	<input type="checkbox"/>	65+

Prefer not to say/unknown

Employment Status

<input type="checkbox"/>	Self Employed
<input type="checkbox"/>	Work full time
<input type="checkbox"/>	Work part time
<input type="checkbox"/>	Unemployed
<input type="checkbox"/>	Volunteer
<input type="checkbox"/>	Other

Parent is a national of another country, are they:

<input type="checkbox"/>	A EU National
<input type="checkbox"/>	A Refugee
<input type="checkbox"/>	An Asylum Seeker
<input type="checkbox"/>	A Student
<input type="checkbox"/>	Other

Does either parent/carer consider themselves to be disabled?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Prefer not to say/unknown

White

<input type="checkbox"/>	English
<input type="checkbox"/>	Irish
<input type="checkbox"/>	Scottish
<input type="checkbox"/>	Welsh
<input type="checkbox"/>	Gypsy
<input type="checkbox"/>	Irish Traveller
<input type="checkbox"/>	Other White background

Mixed/Dual Heritage

<input type="checkbox"/>	White & Asian
<input type="checkbox"/>	White & Black African
<input type="checkbox"/>	White & Black Caribbean
<input type="checkbox"/>	Other White background

Asian or Asian British

<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Indian
<input type="checkbox"/>	Other Asian background

Black or Black British

<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	African
<input type="checkbox"/>	African Somali
<input type="checkbox"/>	African Other
<input type="checkbox"/>	Other Black background

Religion/Belief

<input type="checkbox"/>	Buddhist
<input type="checkbox"/>	Christian
<input type="checkbox"/>	Hindu
<input type="checkbox"/>	Jewish
<input type="checkbox"/>	Muslim
<input type="checkbox"/>	Sikh
<input type="checkbox"/>	No Religion
<input type="checkbox"/>	Other religious belief
<input type="checkbox"/>	Prefer not to say