Parenting Support Referral Form



Parenting Team, Parent Advice Centre, 30 Greatorex Street, London E1 5NP Tel: 020 7364 6398 Email: parenting@towerhamlets.gov.uk

We welcome referrals from parents and carers wishing to attend a parenting programme (self-referral), and professionals making a referral. Please complete all relevant sections of this form. Please email the completed form to the above address.

Professionals must complete sections in green.

Date of referral:

PARENT/CARER INFORMATION 1	PARENT/CARER INFORMATION 2
Name: Gender: DOB: Address:	Name: Gender: DOB: Address:
Postcode: Tel: Mobile: Email: Do parents/carers have any communication/ learning difficulties (including English as an additional language). Please provide details:	Postcode: Tel: Mobile: Email: Do parents/carers have any communication/learning difficulties (including English as an additional language). Please provide details:
Programme required in: Bengali Somali	Programme required in: Bengali Somal
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CHILD(REN) INFORMATION

This is essential information and must be completed for all children up to age 18 years.

This is assertial information and must be dempleted for all emiliar on up to ago 10 years.									
	Full name	Date of birth	Child is resident with parent/carer		School, Children's Centre, Early Years Setting				
1.			Yes	No					
2.			Yes	No					
3.			Yes	No					
4.			Yes	No					
5.			Yes	No					

PREFERRED TIME FOR DELIVERY OF SUPPORT

Mornings Evenings Weekends Online - self guided support (Times cannot be guaranteed)
Childcare required: Yes No (Crèche cannot be guaranteed)

REASON FOR APPLYING TO ATTEND A PARENTING PROGRAMME/MAKING A REFERRAL

Briefly outline how you/the family will benefit and the expected outcomes from attending a parenting programme/course/support (please submit any supporting information)

Self-referral Single parent needs support

ADHD Diagnosis Risk of involvement in gangs/extremist activity

Poor behaviour Poor school attendance

Exclusion Family history of domestic abuse

Disrupted family life Youth Justice Statutory Parenting Order

Current legal proceedings/court judgment issues

Other

Neglect

Risk of child sexual exploitation CSC Initital/Core Assessment

Drug/alcohol issues Physical chastisement

Healthy weight/physical activity

concerns

Family have an Early Help Assessme Family have a Child In Need (CIN) pl Family have a Child Protection (CP) p Family have a named Social Worker Please provide name if known: Tel:	an? Yes No olan? Yes No	ur family? Yes No			
DARENT (CARER CONSENTA		CION			
PARENT/CARER CONSENT - R We give free, impartial advice. The i would like to withdraw your permiss In order to help you or your child, we authority services. Confidentiality dis Do you give permission for us to cor Are there any exceptions? Yes The only exception to maintaining consents Signed: Verbal consent obtained: Yes Your information will be held on our secur	nformation you have give sion at any time, please co e may need to contact oth scussed Yes No ntact these professionals? No If yes, which onfidentiality will be if we	n us today will be treated ontact our office. Her professionals such as some Permission to contact believe there is a risk to a some Date:	chools and local School Professional		
PLEASE COMPLETE IF YOU AR	E FROM A TEAM/SER\	/ICE/AGENCY MAKING	G A REFERRAL		
Name of team/service/agency: Referrer's name: Address:		Role:			
Tel:	Email:	Postco	de:		
CONSENT FROM PARENT/CARER 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 information for me to make this referral on their behalf Yes The parent/carer is aware of the required commitment to a parenting programme 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.					
OTHER INFORMATION					
OTHER INFORMATION As the referrer, please record your pathis family This must be agreed and confirmed		ınd on completion of the p	orogramme / course for		
As the referrer, please record your p		and on completion of the p	orogramme / course for		
As the referrer, please record your p this family	before the course starts		programme / course for		

LEVEL OF NEED

DIVERSITY MONITORING (PARENTS/CARERS) Ethnicity Example White KEY: Parent 1 Parent 2 English 1 English Irish 2 Caribbean Scottish Please write 1 or 2 to indicate parent 1 or 2 in the Welsh boxes as shown above. Gypsy Irish Traveller Residency Other White background British/United Kingdom citizen? Yes Mixed/dual heritage No White and Asian White and Black African Age White and Black Caribbean 12-19 44-52 Other White background 20-25 53-59 26-34 60-64 Asian or Asian British 35-43 65+ Bangladeshi Prefer not to say/unknown Chinese **Employment status** Pakistani Self-employed Vietnamese Work full time Indian Work part time Other Asian background Unemployed Volunteer Black or Black British Other Caribbean African **Nationality** African Somali Parent is a national of another country. Are they: African Other A EU National Other Black background A refugee An asylum seeker Religion/belief A student **Buddhist** Other Christian Disability Hindu Does either parent/carer consider themselves to be **Jewish** disabled? Muslim Yes Sikh No No religion Prefer not to say/unknown Other religious belief Prefer not to say Thank you for completing this referral. Parents/carers will be contacted within 14 working days following receipt of the referral Administration use only SSF Criteria met: 3 5 6

Signposting

Outcome: Completed intervention Referred for

to:

Further support, to: