

Waltham Forest Parenting Programme Referral Form

Early Help Service, 215 Queens Road, E17 8PJ

Tel: 020 8496 2422 **Email:** earlyhelpparenting@walthamforest.gov.uk



Do not complete this form for Strengthening Families, Strengthening Communities referrals (SFSC). Please use this link to refer to SFSC <http://bit.ly/SFSC-WF>

Referrer Details: (leave blank if completing a self-referral)

Full Name:			
Job title:		Organisation:	
Contact number:		Email:	

Parent/Carer Details:

	Parent/Carer 1	Parent/Carer 2 (if applicable)
*Full Name:		
*Address:		
*Post code:		
*Email:		
*Phone Number:		
*Are you a lone parent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
*Can Parent/Carer speak and understand English?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please state language spoken:	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please state language spoken:

Child's Details:

*Child's Full Name:		*Child's DOB:	
Child's Full Name:		Child's DOB:	
Child's Full Name:		Child's DOB:	
Child's Full Name:		Child's DOB:	
Are you registered at the Children and Family Centre? (for children under 5)			Yes <input type="checkbox"/> No <input type="checkbox"/>

Which programme are you interested in?

Group Triple P 0-12	<input type="checkbox"/>	We offer programmes face to face and online. Please select your preference below (mark all that apply): Face to face <input type="checkbox"/> Online* <input type="checkbox"/> No preference <input type="checkbox"/>
Group Triple P Teen	<input type="checkbox"/>	
Group Stepping Stones	<input type="checkbox"/>	

***If you have chosen an online programme you must have a good internet connection to participate in discussions through video calls. You will also require a smart phone, tablet, or laptop to complete modules through the Triple P online platform. By signing this referral form you have agreed that you have access to the above.**

What are the parenting issues?

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Does the main child have a diagnosis from CAMHS or Health?

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Does the parent/carer have any additional support needs which we need to know about?

*We MAY be able to support additional needs e.g. language/mobility
(we are not responsible for making interpreter bookings but we must be informed if you will be booking one)*

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Will the referrer require feedback/report at the end of the programme?

Yes No

If yes, please state the reason why

(Feedback will be whether the parent attended or not unless they are on Child Protection, Children in Need or a Court Report is required. This must be agreed and confirmed before the course starts)

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I give consent for my details and information related to the parenting programme to be given to Early Help Team and to the tutors running the course

*Signature Parent/Carer 1		*Print Name		*Date	
Signature Parent/Carer 2		Print Name		Date	

Diversity Monitoring:

Ethnicity	Parent/Carer 1	Parent/Carer 2 (if applicable)
White British	<input type="checkbox"/>	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	<input type="checkbox"/>
Any other white	<input type="checkbox"/>	<input type="checkbox"/>
Black British	<input type="checkbox"/>	<input type="checkbox"/>
Black/ Black British African	<input type="checkbox"/>	<input type="checkbox"/>
Black/ Black British Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Any other Black Background	<input type="checkbox"/>	<input type="checkbox"/>
Mixed- White & Asian	<input type="checkbox"/>	<input type="checkbox"/>
Mixed- White & Black African	<input type="checkbox"/>	<input type="checkbox"/>
Mixed- White/ Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Any other Mixed Background	<input type="checkbox"/>	<input type="checkbox"/>
Asian/Asian British Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Asian/Asian British Indian	<input type="checkbox"/>	<input type="checkbox"/>
Asian/Asian British Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Any other Asian	<input type="checkbox"/>	<input type="checkbox"/>
Any other ethnic group	<input type="checkbox"/>	<input type="checkbox"/>
Do not wish to state	<input type="checkbox"/>	<input type="checkbox"/>

**Please send completed application to:
earlyhelpparenting@walthamforest.gov.uk or send via post to *Early Help service, 215 Queens Road, E17 8PJ***

