

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:		Name:	
Gender:	DOB:	Gender:	DOB:
Address:		Address:	
Postcode:		Postcode:	
Tel:		Tel:	
Mobile:		Mobile:	
Email:		Email:	
Do parents/carers have any communication/learning difficulties (including English as an additional language). Please provide details:		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 Somali	

CHILD(REN) INFORMATION

This is essential information and must be completed for all children up to age 18 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	Neglect
ADHD Diagnosis	Risk of involvement in gangs/extremist activity	Risk of child sexual exploitation
Poor behaviour	Poor school attendance	CSC Initial/Core Assessment
Exclusion	Family history of domestic abuse	Drug/alcohol issues
Disrupted family life	Youth Justice Statutory Parenting Order	Physical chastisement
Current legal proceedings/court judgment issues		Healthy weight/physical activity concerns
Other		

DIVERSITY MONITORING (PARENTS/CARERS)

Example

KEY: Parent 1 Parent 2

English

Caribbean

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

Residency

British/United Kingdom citizen?

Yes

No

Age

12-19

44-52

20-25

53-59

26-34

60-64

35-43

65+

Prefer not to say/unknown

Employment status

Self-employed

Work full time

Work part time

Unemployed

Volunteer

Other

Nationality

Parent is a national of another country. Are they:

A EU National

A refugee

An asylum seeker

A student

Other

Disability

Does either parent/carer consider themselves to be disabled?

Yes

No

Prefer not to say/unknown

Ethnicity

White

English

Irish

Scottish

Welsh

Gypsy

Irish Traveller

Other White background

Mixed/dual heritage

White and Asian

White and Black African

White and Black Caribbean

Other White background

Asian or Asian British

Bangladeshi

Chinese

Pakistani

Vietnamese

Indian

Other Asian background

Black or Black British

Caribbean

African

African Somali

African Other

Other Black background

Religion/belief

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

No religion

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: 1 2 3 4 5 6

Outcome: Completed intervention Referred for Signposting

to:

Further support, to: