[](http://www.solihullapproachparenting.com/)Tameside Parenting Programmes

|  |  |  |
| --- | --- | --- |
|  | **Primary carer details**  **(e.g.; Mum, Dad, Carer, G/parent)** | **Secondary carer details**  **(e.g.; Parent, partner, Step-parent, G-parent)** |
| **First name:** |  |  |
| **Surname:** |  |  |
| **DOB:** |  |  |
| **Ethnicity:** |  |  |
| **Address (including postcode):** |  |  |
| **Contact number:**  **(Home/Mobile/preferred)** |  |  |
| **Email Address:** |  |  |
| **Do you consider yourself to have a disability or additional needs? Please give details.** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s details (the child the parent is attending the course for)** | | | |
| **First name:** |  | **Address:** |  |
| **Surname:** |  |  |  |
| **DOB:** |  | **Postcode:** |  |
| **Gender:** |  | **Ethnicity:** |  |
| **School:** |  | | |
| **Does your child have any disabilities or additional needs? Please give details.** |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Details of all children in the family** | | | **School /Nursery/Childminder** |  |
| **Child’s name:** | **Gender** | **DOB** | **Placement / Venue** | **Time (f/t, p/t; am/pm)** |
|  |  |  |  |  |
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| --- | --- | --- | --- | --- |
| **Contact with any other agencies (Please include their name and contact number if possible)** | | | | |
| **Health visitor:** | |  | | |
| **Family Intervention Worker:** | | **TFT / Inspire / School / Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please circle)** | | |
| **Home start:** | |  | | |
| **Child & Adolescent Mental Health (CAMHS):** | |  | | |
| **Children’s Social Care:** | |  | | |
| **Other:** | |  | | |
| **Family Status / Plan** | | **Is the family currently working under a plan e.g. CP/CIN/EHA/EHC?**  **Please advise which:**  **PLEASE SEND A COPY OF ANY PLANS IN PLACE WITH THE REFERRAL TO ENABLE US TO MAKE A QUICK DECISION** | | |
| **Reason for referral: (Please give as much detail as possible; displayed types of behaviour, strategies attempted, possible triggers, significant events, timescales for concerns).**  **What is currently working well?**  **What are you worried about?**  **What needs to happen next?** | | | | |
| **Additional Information (this will help the panel’s decision on venue offered – circle relevant to parent)**   |  |  |  | | --- | --- | --- | | **Employed / Student** | **Full time / Part time** | **Unemployed** | | **Own Transport Y / N** | **Crèche Required Y / N** |  | |  |  |  | | **Availability** |  |  | | **Mondays am / pm** | **Tuesdays am / pm** | **Wednesday am / pm** | | **Thursdays am / pm** | **Fridays am / pm** | **Anytime** | |  |  |  | | | | | |
| **Date of referral:** | | | | |
| **Referrer details:** | | | | |
| **Name:** |  | | **Job Title:** |  |
| **Organisation:** |  | | **Contact Number:** |  |
| **E-mail Address:** |  | | | |
| **Are parents in agreement with the referral? (Please tick)**  **Yes No** | | | | |

**Please return referral form to:**

Parenting Team

Hattersley Childrens Centre

Melandra Crescent

Hyde

SK14 3RB

**Email:** [**parentingreferrals@tameside.gov.uk**](mailto:parentingreferrals@tameside.gov.uk)