![incredible_years_logo-300x78[1]]()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.**  |  |  |

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| --- |
| **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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|  |  |  |  |  |

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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**