

## Parenting Programme

### Referral Form

**RETURN COMPLETED FORM TO:** Early Intervention and Parenting Coordinator, Early Intervention Service, 2<sup>nd</sup> floor North Wing, Civic Centre, Station Road, HA1 2XF or email to [karen.rose@harrow.gov.uk](mailto:karen.rose@harrow.gov.uk), Early Intervention and Parenting Co-ordinator.

Please note a completion of the referral does not guarantee a place being offered. An assessment of suitability will be undertaken and refer will be notified if a place is offered.

*Please note the form must be completed with the parent's consent*

**Title of Course:**

**Venue:**

**Start Date:**

Have you discussed this course with the parent, and have they agreed to this referral?

Yes ☐ No ☐

### Details of Parent being referred:

Framework ID number:

First Name:

Last Name:

DOB:

Employed:

Yes ☐ No ☐

Marital Status

Who does the child live with?

Single ☐

Mother ☐

Married ☐

Father ☐

Living with partner ☐

Both parents ☐

Separated ☐

Carer ☐

Divorced ☐

Other ☐

Widowed ☐

Other ☐

Gender: Male ☐

Female ☐

Address:

Postcode:

Contact Telephone Number

Mobile Number:

Email:

**In order to ensure that this programme is reaching all members of the community, we would be grateful if you would tell us your ethnicity.**

**Ethnic origin**

**Asian or Asian British**

Afghani	<input type="text"/>	Bangladeshi	<input type="text"/>
Chinese	<input type="text"/>	Indian	<input type="text"/>
Pakistani	<input type="text"/>	Sri Lankan	<input type="text"/>
Any other Asian background – please specify		<input type="text"/>	

**Black or Black British**

African	<input type="text"/>	Caribbean	<input type="text"/>
Somali	<input type="text"/>	<input type="text"/>	
Any other Black background – please specify		<input type="text"/>	

**Mixed background**

White and Black African	<input type="text"/>	White and Black Caribbean	<input type="text"/>
White and Asian	<input type="text"/>	<input type="text"/>	
Any other mixed background - please specify		<input type="text"/>	

**Other ethnic background**

Arab	<input type="text"/>	Iranian	<input type="text"/>
Any other Ethnic group – please specify		<input type="text"/>	

**White or White British**

Albanian	<input type="text"/>	English	<input type="text"/>
Gypsy / Irish Traveller	<input type="text"/>	Irish	<input type="text"/>
Polish	<input type="text"/>	Romanian	<input type="text"/>
Scottish	<input type="text"/>	Welsh	<input type="text"/>
Any other White background - please specify		<input type="text"/>	

**Details of Second Parent being referred**

First Name:  Last Name:

DOB:

Employed:

Yes ☐

No ☐

Marital Status

Single ☐

Married ☐

Living with partner ☐

Separated ☐

Divorced ☐

Widowed ☐

Other ☐

Who does the child live with?

Mother ☐

Father ☐

Both parents ☐

Carer ☐

Other ☐

Gender: Male ☐

Female ☐

Address:

Postcode:

Contact Telephone Number

Mobile Number:

Email:

**In order to ensure that this programme is reaching all members of the community, we would be grateful if you would tell us your ethnicity.**

### Ethnic origin

#### Asian or Asian British

Afghani

Bangladeshi

Chinese

Indian

Pakistani

Sri Lankan

Any other Asian background – please specify

#### Black or Black British

African

Caribbean

Somali

Any other Black background – please specify

#### Mixed background

White and Black African

White and Black Caribbean

White and Asian

Any other mixed background - please specify

**Other ethnic background**

Arab	<input type="text"/>	Iranian	<input type="text"/>
Any other Ethnic group – please specify	<input type="text"/>		

**White or White British**

Albanian	<input type="text"/>	English	<input type="text"/>
Gypsy / Irish Traveller	<input type="text"/>	Irish	<input type="text"/>
Polish	<input type="text"/>	Romanian	<input type="text"/>
Scottish	<input type="text"/>	Welsh	<input type="text"/>
Any other White background - please specify	<input type="text"/>		

Will parent/s need an interpreter? If so, for which language?

What language/s does the family speak at home?

Reason for referral including parent's description of the problem (please give example if possible):

Name	Age of Child	Crèche Required	Disability Yes/No	Looked after child Yes/No

Brief description of child's behaviour in school including academic progress if known (please give an example/how long has this been happening):

Please specify any other agencies involved with the family

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Does this parent have any health and disability needs, (mental/ emotional/ physical substance dependency, or learning difficulties)?

Yes ☐

No ☐

Please state

Are you aware of any risks to workers in visiting this parent at their home?

Please state:

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Please specify whether any members of the family have been suspected or convicted of any sexual offences, any acts of violence or emotional abuse:

Please give brief and relevant information about the current family situation

1) What would this parent like to achieve by attending this course?

2) What is your view about what needs to be achieved?

3) Please identify any parenting strengths in the family.

Is there any statutory involvement?    Yes ☐                      No ☐                      Not Known ☐

If yes, Care Status, Parenting Order, Youth Offending Order, Other  
(Please state in box)

Referrer's Details

Name and role of referrer: \_\_\_\_\_

Date of referral: \_\_\_\_\_

Name of referring agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_

GP name address: \_\_\_\_\_

Phone number: \_\_\_\_\_

School name and address: \_\_\_\_\_

Phone number: \_\_\_\_\_

**DATA PROTECTION STATEMENT:**

I have read the information in this referral and agree to it being stored on a secure database as part of the evaluation of this project.

1<sup>st</sup> Parent's name:

Signature:

Date:

I have read the information in this referral and agree to it being stored on a secure database as part of the evaluation of this project.

2<sup>nd</sup> Parent's name:

Signature:

Date: