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| **REFERRAL FORM****GROUP PARENTING PROGRAMMES** |

* Please fill in the form carefully and provide accurate information
* The referral form must be sent via egress
* We will review the referral with our panel, if we have further queries, we will ask you
* The parent will be invited for an initial assessment via phone
* A text will be sent for the start date and reminder email each week
* If you are professional completing, please inform the parent/s you have made this referral and ParentingU staff will call you
* If you are self-referral, you must complete professional details, please note we need a professional to complete details fully in order the parent accepted on programme

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| **PARENT/CAREGIVER’S DETAILS** |

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| **Name of Parent/Caregiver:** |  |
| **D.O.B:** |  |
| **Gender:** |  |
| **Ethnicity:** |  |
| **Family’s first language:** |  |
| **Address:** |  |
| **Contact Number:** |  |
| **Email:** |  |

**EMERGENCY CONTACT**

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| **Name:** |  |
| **Relationship:** |  |
| **Contact Number:** |  |

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| **CHILDREN'S DETAILS** |

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| **Name** | **Date of Birth** | **Are they resident with parent/carer?** | **School/Nursery/childcare provision** |
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| **ANY SEN/Additional Needs of Child:** |
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| **ANY SEN/Additional Needs of Parent/s** |
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| **Other services/agencies involved** |
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| **Is the family currently open to Children’s Social Care?****\*(Please must specify)** | [ ]  **Yes** [ ]  **No** |
| **Name of Social Worker:** |  |
| **Contact number:**  |  |
| **Email:** |  |
| **Does/Do the family need additional support? If ‘Yes’, please give brief details here:** |
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| **REASON FOR REFERRAL** |

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| **Please provide relevant details on current family**  |
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| **Please state any known risks associated with the referred participants, i.e., mental health, substance misuse or domestic abuse** |
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| **What issues would you/the family like this programme to address?** |
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| **Programme/s requested:** | [ ]  Family Links Generic (under-five) |
| [ ]  Family Links Additional Needs |
| [ ]  Family Links Talking Teens |
| [ ]  Family Links Islamic Values |

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| **How did you hear about ParentingU?** |
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| **REFERRER DETAILS** |

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| [ ]  Self Or | Name of referrer: |  |
| Role: |  |
| Organisation: |  |
| Contact number: |  |
| Email: |  |
| The client is aware of and consents for this referral to ParentingU | [ ]  **Yes** [ ]  **No** |

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| **DISCLAIMER** |

**DATA PROTECTION REQUIREMENTS:** Client’s permission must be given before passing personal information onto other agencies. If the client cannot sign the form in person to confirm this, you may sign on their behalf. Signing the form on the clients’ behalf confirms that their permission has been given. Please also let client know that if there are any issues with their children’s safeguarding then we have a duty to inform the Police and relevant agencies.

**CONFIDENTIALITY OF ALL CLIENTS IS RESPECTED:** We seek client consent prior to sharing information, unless there are concerns about a child, young person or vulnerable adult. All information the client shares with us is held in strict confidence and complies with our confidentiality policies and procedures (a copy of this policy is available on request).

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| **Signed:** |  |
| **Date:** |  |

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| Thank you for completing the referral form, please check all sections are completed and send to parentdata@parentingu.co.uk We will send a confirmation of acceptance via email within 3 - 5 daysOur specialism is that we understand the culture and language barriers of the communities we work with, in accessing services.**Upcoming Programmes:****Strengthening Families Strengthening Communities (Somali)****Family Links Talking Teens (Arabic)****Family Links Generic group for Fathers****Family links Generic for Afghan community Dari/Pushto****Family Links Additional Needs**We can offer commissioned programmes upon request at your school/serviceFor more info, please visit us: [www.pareningu.co.uk](http://www.pareningu.co.uk) 94 Wadham Gardens, Greenford, London, UB6 0BSTel. No. for queries 0208 930 1081 / 07813 607 006  |