

Parent Registration Form 2016/17 - Confidential						
<b>Referrer: (Agency)</b>	School/School family worker <input type="checkbox"/>	Children's Centre <input type="checkbox"/>		Thriving Families <input type="checkbox"/>		
	Health (specify) <input type="checkbox"/>			Probation <input type="checkbox"/>		
	Children's Services/social worker <input type="checkbox"/>		Other (specify) <input type="checkbox"/>			
<b>Referrers contact details</b>	Name: Tel No:		E-mail:			
<b>Self-Referral:</b>	<i>Please tell us how you heard about the course</i>					
<b>Do you have a CAF?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Not sure <input type="checkbox"/>		
	Male (M) or Female (F)	First name	Family Name	DOB	Ethnicity <small>Please use a number from the list below</small>	
Parent/Carer 1						
Parent/Carer 2						
Child 1						
Child 2						
Child 3						
Child 4						
<b>Please let us know if this course is applicable to a particular child:</b>						
<b>Do any of your children have a registered disability or learning disability?</b>						
<b>Address of parent/carer</b>						
<b>Postcode</b>		<b>Tel number</b>				
			Safe to call?                      Yes              No			
			Safe to leave a message?    Yes              No			
<b>Ethnicity details:</b>						
<b>White</b>	White British 1		White Irish 2		Traveller of Irish Heritage 3	
	Gypsy/Roma 4		Any other White background 5			
<b>Black or Black British</b>	Caribbean 6		African 7		Any other Black Background 8	
<b>Asian or Asian British</b>	Indian 9		Pakistani 10		Bangladeshi 11	
	Any other Asian background <sup>12</sup> :					
<b>Mixed/Dual Background</b>	White & Black Caribbean 13		White & Black African 14		White & Asian 15	
	Any other Mixed background 16					

<b>Chinese</b>	Chinese 17	<b>Other</b>	Any other ethnic group 18
<b>Course Information:</b>			
<b>Course attending</b>	<b>Families Feeling Safe - Protective Behaviours for mums, dads &amp; carers</b>	<b>Dates:</b>	
		<b>Venue:</b>	
<b>To enable us to provide a safe and appropriate service to best meet the individual needs of our service users, please provide the information below</b>			
Is an interpreter needed? Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> <i>Please provide details</i>			
Are there any specific learning needs e.g. learning difficulties, dyslexia? Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> <i>Please provide details</i>			
Are there any mental or physical health issues or registered disability? Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> <i>Please provide details</i>			
Are there any risk factors that may affect the parent/carer, other group members or facilitators? Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> <i>Please provide details</i>			
Please let us know if there have been other services involved in the last 12 months? E.g. social worker, health (health visitor, GP, CPN), Children's Centre, School family worker or other agency (Home-start etc) <i>Please provide details</i>			
<b>Individual needs</b>	Do you have any other needs e.g. learning, health, accessibility, allergies that we need to know about? Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> <i>Please provide details</i>		
<b>Purpose of attending</b>	What would you like to gain from coming to this course?		
<b>Other information</b>	Is there anything else you would like us to know about before you attend the course?		
<b>Course code</b> (to be completed by provider)			

**\*Please complete the attached consent form**

**Dear Parent/Carer:**

Hertfordshire County Council may contact you to seek your views and feedback on the course that you have attended, either by telephone or a short survey via email. The purpose of this feedback is to ensure that they are providing the right support to families and your assistance is greatly appreciated. You would be contacted between 9am-5pm

**We respect your choice – please tick one:**

- I don't mind being contacted
- I do not want to be contacted

**Please provide the contact details that you would prefer to be contact by:**

- Tel No:
- E-Mail:
- Preferred time (e.g. morning, afternoon or specific times)

**Please send the completed registration form to**  
[enquiries@familiesfeelingsafe.co.uk](mailto:enquiries@familiesfeelingsafe.co.uk)

**Or the designated person taking the programme bookings if known (programme posters would state who this is)**

**Thank you 😊**