

PARENT REGISTRATION FORM 2017/2018

CONFIDENTIAL



| | | | | |
|--|--|-----------------------------|-------------------------------------|--|
| Referrer: (Agency) | School/School family worker | <input type="checkbox"/> | Health (specify) | <input type="checkbox"/> |
| | Children's Centre | <input type="checkbox"/> | Probation | <input type="checkbox"/> |
| | Thriving Families | <input type="checkbox"/> | Children's Services/Social Worker | <input type="checkbox"/> |
| | Other (specify) | <input type="checkbox"/> | | |
| Referrer's contact details: | Name: Tel. No. | Email: | | |
| Self-referral: | <input type="checkbox"/> Please tell us how you heard about the course | | | |
| Your postcode: | _____ | | Tel no(s): _____ | |
| Your email: | safe to call? | | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| | safe to leave a message? | | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Do you have a CAF? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Don't know <input type="checkbox"/> | |
| | Male (M) or Female (F) | First name: | Last name: | Ethnicity: <small>please use a number from the list below</small> |
| Parent/Carer 1 | | | | |
| Parent/Carer 2 | | | | |
| How many children do you have? | | | | |
| Do any of your children have a registered disability or learning disability? yes <input type="checkbox"/> no <input type="checkbox"/> | | | | |
| If yes, how many children have a disability ? | | | | |

| Ethnicity Details: | | | | |
|------------------------|----------------------------|--------------------------|-------------------------------|-------------------------------|
| White | White British 1 | White Irish 2 | Traveller of Irish heritage 3 | Gypsy/Roma 4 |
| Black or Black British | Caribbean 6 | African 7 | Any other Black background 8 | |
| Asian or Asian British | Indian 9 | Pakistani 10 | Bangladeshi 11 | Any other Asian background 12 |
| Mixed/Dual Background | White & Black Caribbean 14 | White & Black African 15 | White & Asian 16 | Any other mixed background 17 |
| Other | Any other ethnic group 18 | | | |

| Course Information: | | | | |
|--|------------------------------|-----------------------------|------------------------------------|--|
| 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: | | | | |
| Is an interpreter needed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not known <input type="checkbox"/> | |
| If yes please provide details: | | | | |

| | |
|---|--|
| Are there any specific learning needs eg learning difficulties, dyslexia? Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> If yes please provide details: | |
| Are there any mental or physical health issues or registered disability? Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> If yes please provide details: | |
| 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"/> If yes please provide details: | |
| Please let us know if there have been other services involved in the last 12 months? eg social worker, health (health visitor, GP, CPN), Children's Centre, School Family worker or other agency (Home-start etc) | |
| Individual needs | Do you have any other needs eg learning, health, accessibility, allergies that we need to know about? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details: |
| Reason for attending: | What would you like to gain from coming to this course? |
| Other information: | Is there anything else you would like us to know about before you attend the course? |

We and our funders, Hertfordshire County Council, may contact you to see your views and feedback on the course that you have attended using a short survey via email. The purpose of this feedback is to ensure that we are providing the right support to families and your assistance is greatly appreciated.

If you are willing to be contacted please provide your email address below:

Please tick here if you would like to be informed about further groups and workshops run by our service.

Please send the completed registration form to enquiries@familiesfeelingsafe.co.uk or give it to the designated person taking the programme bookings if known (programme posters will state who this is).

enquiries@familiesfeelingsafe.co.uk Tel 01438 728653

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