

Parent/Carer Registration form 2020/2021

Families Feeling Safe

Supporting parents with Protective Behaviours

Location of Group:



CONFIDENTIAL

PLEASE COMPLETE ALL BOXES

| | | | | |
|--|--|--|---|---|
| Referrer: | School/School family worker <input type="checkbox"/> | Health <input type="checkbox"/> | | |
| | Family Centre <input type="checkbox"/> | Probation <input type="checkbox"/> | | |
| | Intensive Family Support Team <input type="checkbox"/> | Children's Services/Social Worker <input type="checkbox"/> | | |
| | Other <input type="checkbox"/> please specify | | | |
| Referrer's contact details: | Name: | Email: | | |
| | Tel. No. | | | |
| Self-referral: | How you heard about the course | | | |
| Your address: | Your email: | | | |
| safe to call? | yes <input type="checkbox"/> | no <input type="checkbox"/> | | |
| Post code: | | | | |
| Tel no(s): | safe to leave a message? yes <input type="checkbox"/> | no <input type="checkbox"/> | | |
| | Male (M) or Female (F) <input type="checkbox"/> | First name: | Last name: | Ethnicity: please use a number from the list below |
| Parent/Carer 1 | | | | |
| Parent/Carer 2 | | | | |
| How many children do you have? | <input type="checkbox"/> | | | |
| 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 ? | <input type="checkbox"/> | | | |
| Level of Need: | Families First Assessment <input type="checkbox"/> | Child in Need <input type="checkbox"/> | Child Protection <input type="checkbox"/> | |
| Other (please specify) | | | | |
| Ethnicity Details: | | | | |
| White | White British 1 | White Irish 2 | Traveller of Irish heritage 3 | |
| | Gypsy/Roma 4 | | Any other white background 5 | |
| 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 | | Chinese 13 | |
| 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? If yes please provide details: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are there any specific learning needs eg learning difficulties, dyslexia? If yes please provide details: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are there any mental or physical health issues or registered disability? If yes please provide details: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are there any other needs eg, health, accessibility, allergies that we we need to know about? If yes please provide details: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are there any risk factors that may affect the parent/carer, other group members or facilitators? If yes please provide details: | Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> |
| 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) | |
| Eligibility to attend the course: | What specific changes would you like to see from attending this course, for you, your children and/or your family? Please provide as much detail as possible. |
| Other information: | What else you would like us to know about before you attend the course: |

CONSENT:

Referrers:

Please tick to confirm parent/carer has consented to this referral

If possible please email this registration form securely via HertsFX to the address shown below.

Parent/Carers please see below:

Our funders, **Hertfordshire County Council (HCC)**, 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 they are providing the right support to families and your assistance is greatly appreciated.

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

Email:

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Families Feeling Safe is providing this course. If you would like to be informed about other groups and workshops run by our service please tick the box below and we will add you to our mailing list. Your details will not be shared with any other organisation.

Yes please, I would like to be added to the mailing list.

Email:

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Emailing your form:

Please email the completed registration form to the designated person taking the bookings (website and posters will state who this is).
Alternatively please send it to enquiries@familiesfeelingsafe.co.uk
or phone 07748 332606

