

Tameside Parenting Programmes

	Primary carer details (e.g.; Mum, Dad, Carer, G/parent)	Secondary carer details (e.g.; Parent, partner, Step-parent, G-parent)
First name:		
Surname:		
DOB:		
Ethnicity:		
Address (including postcode):		
Contact number: (Home/Mobile/preferred)		
Email Address:		
Do you consider yourself to have a disability or additional needs? Please give details.		
Emergency Contact Information (next of kin) Name and contact number:		

Child's details (the child the parent is attending the course for)			
First name:		Address:	
Surname:			
DOB:		Postcode:	
Gender:		Ethnicity:	
School:			
Does your child have any disabilities or additional needs? Please give details.			

Details of all children in the family			School /Nursery/Childminder	
Child's name:	Gender	DOB	Placement / Venue	Time (f/t, p/t; am/pm)

Contact with any other agencies (Please include their name and contact number if possible)

Health visitor:	
Family Intervention Worker:	TFT / Inspire / School / Other _____ (please circle)
Home start:	
Child & Adolescent Mental Health (CAMHS):	
Children's Social Care:	
Other:	
Family Status / Plan	<p>Is the family currently working under a plan e.g. CP/CIN/EHA/EHC? Please advise which:</p> <p><u>PLEASE SEND A COPY OF ANY PLANS IN PLACE WITH THE REFERRAL TO ENABLE US TO MAKE A QUICK DECISION</u></p>

Reason for referral: (Please give as much detail as possible; displayed types of behaviour, strategies attempted, possible triggers, significant events, timescales for concerns).

What is currently working well?

What are you worried about?

<p>What needs to happen next?</p>		
<p>Additional Information (this will help the panel's decision on venue offered – circle relevant to parent)</p>		
Employed / Student	Full time / Part time	Unemployed
Own Transport Y / N	Crèche Required Y / N	
Availability		
Mondays am / pm	Tuesdays am / pm	Wednesday am / pm
Thursdays am / pm	Fridays am / pm	Anytime
Date of referral:		
Referrer details:		
Name:		Job Title:
Organisation:		Contact Number:
E-mail Address:		
<p>Are parents in agreement with the referral? (Please tick)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>		

Please return referral form to:

Parenting Team
Hattersley Childrens Centre
Melandra Crescent
Hyde
SK14 3RB
Email: parentingreferrals@tameside.gov.uk