**Referral form**

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| **Date of referral** | **How did you hear about the Programme?** |

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| **Referrer details** |
| Name: | Job title: |
| Agency name and address: | Email:Tel:Mob: |

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| **Parents’ details** |
| Name of parent 1: | Name of parent 2: |
| Relationship to child/ren: | Relationship to child/ren: |
| Address | Address (if different)  |
| Tel: | Tel: |
| E-mail | E-mail: |
| GP details (if known) | GP details (if known) |
| Availability of the parents to attend the group together. Please say what days and times both parents are available to attend group sessions together: *(Groups run in a range of venues at different days and times, including evenings and weekends - sessions are two hours long and will take place on the same day and time every week; there are 16 sessions).* Is a crèche required?  |

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| Do the parents have at least one child under 11 years of age? YES / NO |

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| Have parents had recent or past involvement with any other helping agencies (health, children’s services etc.)? Please give details. |

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| Have both parents given consent for the referral? YES / NO |

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| Background to the referral / any other information you think we need to know (e.g. any child protection concerns)  |