**Parenting Support expression of interest**

**Please indicate appropriate programme:**

**Incredible Years (3 years to 8 years)**

**Triple P (5 to 12 years)**

**Family Links (5 to 12 years)**

**Triple P Teen (13 to 19 years)**

**Time Out for Teens (13 to 19 years)**

**ASD/Cygnets (8 to 16 years)**

**Positive Start Parenting Course (0 to 5 years)**

**Parents’ and carers’ details**

|  |  |
| --- | --- |
| **1st parent surname(s):**  **2nd parent/ partners surname:** | **1st parent forenames:**  **2nd parent/ partners forename:** |
| **1st parent gender:**    **2nd parent/ partners gender:** | **1st parent DOB:**  **2nd parent/ partners DOB:** |
| **Address:**  **Telephone number:**  **Email address:** | **Cluster**  Maldens and Coombe  Surbiton  Kingston Town  South of the Borough  Hampton and Hampton Hill  Ham and Richmond  Heathfield, Whitton and West Twickenham  St Margarets, Twickenham and Teddington  Kew, Mortlake, Barnes and East Sheen |

**Children’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name:** | **DOB:** | **School:** | **Details of your child’s additional needs:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Any other agency currently supporting your family**

|  |  |
| --- | --- |
| **Practitioner’s name:** | **Agency/organisation:** |
| **Telephone:** | **Email:** |

**Reason for referral**

**Please tick as many as are applicable:**

|  |  |
| --- | --- |
| **Reason** | **Tick** |
| Seeking guidance on general parenting techniques |  |
| Seeking information on ASD, ADHD, special educational needs. |  |
| Lone parenting |  |
| Isolation – opportunity to meet other like minded parents |  |
| Limited contact with children |  |
| Foster carer |  |
| Adoptive parent |  |
| Behaviour concerns |  |
| Part of a child protection plan |  |
| Other (please specify) |  |

**Signed (parent): Date:**

Your personal information will be held and used in accordance with the Data Protection Act 1998. The Council/ AFC will not disclose such information to any unauthorised person or body but where appropriate will use such information in carrying out its various functions and services. The council may also use this data in connection with the prevention or detection of fraud or other crime.

**Please send completed forms to:**Karen Williams,

Parenting Officer, Guildhall 2, 1st Floor, Kingston upon Thames KT1 1EU   
or email [karen.williams@achievingforchildren.org.uk](mailto:karen.williams@achievingforchildren.org.uk)

**Equalities monitoring form**

To make sure that we reach everyone in the community we monitor all equalities areas ie disability, ethnicity, etc. Please fill in the details below to help us with this. Many thanks.

**Gender:** 🞏/Male 🞏 Female 🞏 I prefer not to tell you

**What is your age?** 🞏 Under 16 🞏 16 to 25 🞏 26 to 35 🞏 36 to 45

🞏 46 to 55 🞏 56 to 65 🞏 66+ 🞏 I prefer not to tell you

🞏 Christian 🞏 Buddhist 🞏 Hindu 🞏 Sikh

**What is your religion or belief?**

🞏 Jewish 🞏 Muslim 🞏 Atheist 🞏 Agnostic

🞏 I prefer not to tell you 🞏 Other: Please tell us\_\_\_\_\_\_\_\_

**What is your sexual orientation?**

🞏 Heterosexual (man and woman) 🞏 Lesbian 🞏 Gay

🞏 Bisexual 🞏 I prefer not to tell you 🞏 Other: please tell us\_\_\_\_

**What is your ethnic group?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **White** | **Mixed** | **Asian or  Asian British** | **Black or  Black British** | **Chinese or other ethnic group** |
| 🞏 British  🞏 Irish  🞏 Any other White background  Please tell us: | 🞏 White and Black Caribbean  🞏 White and Black African  🞏 White and Asian  🞏 Any other Mixed background  Please tell us: | 🞏 Indian  🞏 Pakistani  🞏 Bangladeshi  🞏 Tamil  🞏 Korean  🞏 Any other Asian background  Please tell us: | 🞏 Caribbean  🞏 African  🞏 Any other Black background  Please tell us: | 🞏 Chinese  🞏 Any other background  Please tell us: |
| 🞏 I prefer not to tell you my ethnic group | | | | |

**Disability and health**

**Do you have a long-term physical or mental health condition or disability?**🞏 Yes 🞏 No 🞏 I prefer not to tell you

**If yes, what is the nature of your disability, mental health or other health issue?**

🞏 Physical/Mobility 🞏 Mental health 🞏 Sensory 🞏 Health diagnosis

🞏 Learning disability 🞏 I prefer not to tell you 🞏 Other: please tell us\_\_\_\_\_\_