



# Strengthening Families, Strengthening Communities

## Hertfordshire Parenting Course Referral Form

Please complete and return this form to Emma Allen, Strengthening Families Team,  
Hertfordshire County Council, Room 235, Pegs Lane, Hertford, SG13 8DF. Tel: 01992  
555246

**For St Albans course - Spring 2010**

<b>Information on parent(s) and children:</b>			
Mr/Mrs/Ms _____			
<b>Address:</b>	_____		
	_____		
	_____		
	_____		
<b>Telephone No.</b>	_____		
<b>Mobile No.</b>	_____		
<b>Family details:</b>			
<b>Name of Child/ren:</b>	<b>Age:</b>	<b>Gender:</b>	
1.		<b>M</b> <input type="checkbox"/>	<b>F</b> <input type="checkbox"/>
2.		<b>M</b> <input type="checkbox"/>	<b>F</b> <input type="checkbox"/>
3.		<b>M</b> <input type="checkbox"/>	<b>F</b> <input type="checkbox"/>
4.		<b>M</b> <input type="checkbox"/>	<b>F</b> <input type="checkbox"/>
5.		<b>M</b> <input type="checkbox"/>	<b>F</b> <input type="checkbox"/>
6.		<b>M</b> <input type="checkbox"/>	<b>F</b> <input type="checkbox"/>
<b>Ethnicity:</b>			
What is your ethnic background? _____			

P.T.O.

<b>Disability:</b>	
<b>Do you or your child/ren have any form of disability/ learning disability?</b>	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
If yes please specify disability _____ _____	
<b>Why do you want to attend the course?</b> _____ _____ _____	
<b>What times would you be able to attend a course?</b> (Tick as many as you would be able to manage) <b>Morning</b> <input type="checkbox"/> <b>Afternoon</b> <input type="checkbox"/> <b>Evening</b> <input type="checkbox"/>	
<b>Will you need help with transport to get to the course?</b>	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
<b>Will you need help for any children to be looked after while you are on the course?</b>	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
If yes, do you have family/extended family who would be willing to look after your child/ren? Please specify. _____ _____	
<b>If you do not have anyone to look after your child/ren would you be willing to use an OFSTED registered childminder?</b>	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
<b>Will you need any other help while on the course?</b> E.g. Language Interpreter, Sign Language Interpreter, any other help? _____ _____	
<b>Refreshments are provided, please specify any dietary requirements:</b> _____	

P.T.O.

<b>TO BE COMPLETED BY THE REFERRING AGENCY:</b>	
Name of referrer:	_____
Contact details:	_____
Name of Agency:	_____
Is there a CAF (Common Access Framework) open to this family?	
<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/> <b>Don't know</b> <input type="checkbox"/>
<b>Health and Safety:</b>	
Is there any information we need to know?	
_____	
If a parent is self referring please tick? <input type="checkbox"/>	

**To be signed by parent**

**I consent to the SFSC referral and agree to sharing information between relevant practitioners and services.**

**Signature**.....**Date**.....

**Print Name**.....