

for every parent

TRIPLE P GROUP TEEN PARENTING PROGRAMME REFERRAL FORM

Referrer Details		Parent Details	
Referring Agency		Parents Full Name(s)	
Referrer Name		Address	
Contact Number		Contact Number(s)	

Is or has the family been involved with any other agency? Please stipulate for how long and what is the current involvement?

Agency	For How Long and Current Involvement
<input type="checkbox"/> CSC	
<input type="checkbox"/> Children's Centres	
<input type="checkbox"/> YOS	
<input type="checkbox"/> Voluntary	
<input type="checkbox"/> Other	

Family Details – please include all family members within the home

Name	Date of Birth	Relationship

Parenting Issues/Reason for Referral
(Please tick appropriate boxes and give specific examples)

Issues/Reason	Examples
Parenting Style <input type="checkbox"/>	
Communication/Relationships <input type="checkbox"/>	
Managing Conflict <input type="checkbox"/>	
Risky Behaviour <input type="checkbox"/>	
Parent Wellbeing <input type="checkbox"/>	
Child to Parent Abuse (physical/verbal/emotional/financial) <input type="checkbox"/>	

**Has the parent completed Triple P or any other parenting programme previously?
If so which programme and when?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details	

Are there any known literacy issues or disability access requirements?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details	

--

THIS SECTION MUST BE COMPLETED IN ALL CASES.

Risks (Please indicate in boxes below. If a 'yes', please provide further details below?)

Are they a registered PDP (Potentially Dangerous Person)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are they a MAPPA offender?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are they known to MARAC?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you completed a risk assessment for this parent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Further details:

Are there any known risks we need to be aware of in accepting them into a group setting within public buildings that include Children's Centres? (There is an expectation that anyone referring a parent to this programme will share any relevant risks with us.)

Yes No

Details

Groups will generally be held 10am-12pm or 12.45pm – 2.45pm (2 hours) on either a Tuesday, Wednesday or Thursday morning or afternoon (TBC). Are parents available on these days/times? (Please provide further details if necessary).

Yes No

Details

WE WILL HOLD AN INFORMAL INFORMATION SESSION, PRIOR TO THE GROUP STARTING, FOR ALL ACCEPTED REFERRALS. IT WILL BE A REQUIREMENT FOR THE REFERRER TO ATTEND THIS SESSION WITH THE PARENT/CARER. FAILURE TO ATTEND THE PRE GROUP WILL RESULT IN THE PLACE BEING WITHDRAWN. (PLEASE NOTE THE REASONS FOR REFERRAL INCLUDED ON THE FORM, MAY BE DISCUSSED AT THE PRE GROUP INDIVIDUALLY WITH THE PARENT).

Transport/Childcare

PLEASE NOTE WE ARE UNABLE TO PROVIDE TRANSPORT OR CHILDCARE FOR THE GROUPS. THIS RESPONSIBILITY LIES WITH THE PARENTS/REFERRING AGENCY TO ARRANGE. THE REFERRER SHOULD DISCUSS THIS WITH THE PARENT/CARER PRIOR TO SUBMITTING THE FORM.

Consent

I agree to attend and participate in the Group teen Triple P Parenting Programme.

Signed Parent:	Signed Referrer:	Date:
----------------	------------------	-------

Please return all completed forms to either preventionteam@cheshireeast.gov.uk or by post to: Crewe Family Centre, Crewe Lifestyle Centre, Moss Square, Crewe, CW1 2BB.. **(WE CAN ONLY CONSIDER FULLY COMPLETED FORMS, THANK YOU)**

