

## Parenting Programme Request Form



Child / Young Person's details:			
ID Number (eStart, EHM, Liberi)	First Name	Last Name	D.O.B.

Parent / Carer details:			
First Name	Last Name	D.O.B.	Relationship

Address:			
Post Code:		Tel No:	
Email:			

Are the family open to: (Please select)	
Open Access Additional Support	<input type="checkbox"/>
Early Help Notification	<input type="checkbox"/>
Specialist Children's Services	<input type="checkbox"/>

Reason for Request: (please select from drop down)	Choose an item.
Requested Programme: (please select from drop down)	Choose an item.

Have the family accessed other parenting programmes?	Yes	No
If yes, which programme?		
Are the parents attending any other programme?	Yes	No
If yes, which programme?		

Are there any special requirements	Yes	No
If yes, please explain		
Please add any other information you think would be useful to the facilitators?		

Please explain reasons for referral to Kent Parenting Programme	
What are we worried about?	
What is working well?	

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What needs to happen?
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<b>Are there any other agencies/ professionals involved?</b>	
Name:	Contact details:

<b>I confirm that I have spoken with the family, and they have verbally consented to this request for support and to the sharing of their information.</b>			
I can confirm that I have informed all family members of Kent County Council's Privacy notice and they have been given a copy to read. This can be found using the following link: <a href="https://www.kent.gov.uk/about-the-council/contact-us/access-to-information/gdpr-privacy-notice/early-help-and-preventative-services/early-help">https://www.kent.gov.uk/about-the-council/contact-us/access-to-information/gdpr-privacy-notice/early-help-and-preventative-services/early-help</a>			
Name:		Job Title:	
Email and Tel No:		Organisation name:	

Please return the completed referral form to [ShepwayEarlyHelp@kent.gov.uk](mailto:ShepwayEarlyHelp@kent.gov.uk)

<b>To be completed by Business Support</b>		
Date	Status	Choose an item.
	Choose an item.	