

**INCREDIBLE YEARS PARENTING PROGRAMME**  
**REFERRAL FORM**

Ref No.

<b>Family Name :</b>				
	<b>Name</b>	<b>Ethnicity *</b>		
<b>Mother</b>				
<b>Father</b>				
	<b>Name</b>	<b>Date of Birth</b>	<b>Age</b>	<b>Ethnicity *</b>
<b>Children aged 8 - 13</b>				
<b>Children of other age groups</b>				
<b>Address :</b>				
<b>Contact Telephone No(s) :</b>				
<b>Who do the children live with?</b>		Name(s)		
		Relationship		
		Contact arrangements between parents		
<b>Parents address &amp; contact number (if different from above)</b>				
<b>Significant professionals involved with family eg. teachers, social services</b>			Email:	
			Phone number:	
<b>Education Details</b>	Name of school		Phone number:	
	Name of school		Phone number:	
<b>Education Issues: any identified special educational needs, instances of exclusion, truancy or bullying, ADHD or behaviour problems</b>				

Other child issues, eg. Child protection register past or present				
Brief description of current situation (including any orders)				
Brief reason for requesting Incredible Years Parenting Course				
Referrer Name				
Email :			Contact No:	
Referrer Address :				
Is it safe for a worker to visit alone?	YES	NO		
Are the parents aware that you have made this referral?	YES	NO		
Will creche facilities for children under the age of 5 be required?	YES	NO	If yes, how many spaces?	
Additional Comments				

**Please ensure this section is signed before passing on referral**  
**AGREEMENT**

**I/we the undersigned agree to this referral to participate on the Incredible Years Parenting Course**

Family Representative Signature:	Date	
Referrer Signature:	Date	

**PLEASE FAX TO : Hampton Trust. Fax Number 023 8021 3530**  
**Phone enquiries : 023 8021 3520**

<b>* Ethnicity categories based on 2001 census</b>			
<b>White</b>	<b>Asian/Asian British</b>	<b>Chinese / Other</b>	<b>Black / Black British</b>
British	Indian	Chinese	Caribbean
Irish	Pakistani	Other b'ground	African
Other white b'ground	Bangladeshi		Other black b'ground
	Other Asian b'ground		