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| **The FAB Course****F**eelings **A**ffect **B**ehaviour |

REFERRAL FORM

## **Professional’s DETAILS**

|  |
| --- |
| Name: |
| Job title: |
| Address: | Post code: |
| Phone:   | Email:  |
| Date of completion of form: |

## **Please confirm parent/carer is aware of and agrees to this requesT**

|  |  |
| --- | --- |
| Consent given by: | Date consent given: |
| Signature: |

## **ATTENDING PARENT/CARER’s DETAILS**

|  |
| --- |
| Name: |
| Address: | Post code: |
| Phone: | Email: |

## **Additional information about the parent/carer**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What is their ethnic origin? |  |  |  |  |
| Is English their first language?  |  |  |  |  |
| If not, please specify language and whether an interpreter is needed: |
| Do they have a disability/additional learning needs?  |  |  |
| If yes, please specify and let us know how we can support them on the course: |
| Have they attended any other parenting courses?  |  |  |
| If yes, please tell us which ones: |
| Are they married, in a civil partnership or cohabiting?  |  |  |

**REASON FOR THIS REQUEST (Please include any information relating to domestic abuse, mental health issues, child protection, whether the child is living with the parent/carer)**

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|  |

## **names of all children**

|  |  |  |
| --- | --- | --- |
| **Child 1** | Full Name: | Child in Need or Child Protection Plan: |
|  | Age: |  |
|  | Gender: | Special needs: |
|  | Do they live with their child’s parent? |  |
| **Child 2** | Full Name: | Child in Need or Child Protection Plan: |
|  | Age: |  |
|  | Gender: | Special needs: |
|  | Do they live with their child’s parent? |  |
| **Child 3** | Full Name: | Child in Need or Child Protection Plan: |
|  | Age: |  |
|  | Gender: | Special needs: |
|  | Do they live with their child’s parent? |  |
| **Child 4** | Full Name: | Child in Need or Child Protection Plan: |
|  | Age: |  |
|  | Gender: | Special needs: |
|  | Do they live with their child’s parent? |  |
| **Do they receive support from any other agencies?**  |
|  | If yes, please specify: |
|  |  |
| **Do you Have any concerns about the parent/carer’s ability to participate in a group?**  |
|  | If yes, please specify: |
|  |  |
| **PLEASE READ AND AGREE:** This information will be kept according to data protection laws; further details are available on request. Please tick to confirm you have informed the parent / carer and they agree. |
| **Please send this form to Southampton Family Trust****By email**: info@sftrust.org.uk**or by post**: SFT, SVS, Kingsland Square, St Mary Street, Southampton, SO14 1NWTel: 023 80216003 [www.sftrust.org.uk](http://www.sftrust.org.uk) |