

**LBWF PARENTING COURSES APPLICATION/REFERRAL FORM**

Referrer Name: .....

Job Title ..... If Self-Referral please State Self

Organisation Address .....

Email: ..... Telephone No: .....

<p>Parent Name: .....</p> <p>Full address: .....</p> <p>Postcode: .....</p> <p>Telephone ..... E-mail: .....</p> <p>Ethnicity .....</p>
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<b><u>Name of Course: (please tick)</u></b>	<b><u>Preferred Course Date:</u></b>	<b><u>Course Venue:</u></b>
Triple P Primary <input type="checkbox"/>		
Triple P Teen <input type="checkbox"/>		
SFSC (Strengthening Families and Strengthening communities) <input type="checkbox"/>		
Stepping Stones <input type="checkbox"/>		
Incredible Years <input type="checkbox"/>		

Name of Child \_\_\_\_\_ DOB: \_\_\_\_\_

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Are you registered at Children & Family Centre (CFC) Yes  No

If registered, with which CFC: Leyton – Leytonstone – Walthamstow – Chingford

What is the main parenting issue?

What are the secondary parenting issues?

Do you have any additional support needs which we need to know about NB we **may** be able to support additional needs e.g. language/mobility please state

Please note that whilst the courses are free our places are limited so if you agree to attend each weekly session and to let the tutor know if you are not able to make a session.

*(I give consent for my details and information related to the parenting to be given to Early Help Team and to the tutors running the course)*

Signature of Parent: .....Date: .....

Name (please print): .....

**Please send completed application to: Shirin.Hassan@walthamforest.gov.uk  
020 8496 2442**