[](https://www.google.co.uk/imgres?imgurl=https://lookaside.fbsbx.com/lookaside/crawler/media/?media_id%3D1140304822773207&imgrefurl=https://www.facebook.com/CheshireEastCouncil/&docid=jfooJNEZUrEndM&tbnid=etkFryoSj1PbNM:&vet=10ahUKEwj-oITbkPvZAhVOWsAKHYIzAKAQMwgxKAAwAA..i&w=960&h=511&safe=vss&bih=778&biw=1600&q=Cheshire%20East&ved=0ahUKEwj-oITbkPvZAhVOWsAKHYIzAKAQMwgxKAAwAA&iact=mrc&uact=8)[](https://www.google.co.uk/imgres?imgurl=http://www.theministryofparenting.com/wp-content/uploads/2012/02/incredible_years_logo-960x250.png&imgrefurl=http://www.theministryofparenting.com/practitioners/about-the-trainings/incredible-years-baby-training/&docid=j0-o6vIkcGKk4M&tbnid=FhlSFSmxLPxAQM:&vet=10ahUKEwiz1veFkfvZAhXJCsAKHVtADz4QMwg4KAIwAg..i&w=960&h=250&safe=vss&bih=778&biw=1600&q=incredible%20years&ved=0ahUKEwiz1veFkfvZAhXJCsAKHVtADz4QMwg4KAIwAg&iact=mrc&uact=8)[](https://www.google.co.uk/imgres?imgurl=http://www.familyinsight.org.au/images/uploads/123%20magic.jpg&imgrefurl=http://www.familyinsight.org.au/1-2-3-magic&docid=bW-nZDDKeCmD6M&tbnid=-6ZjjjFbGomy-M:&vet=10ahUKEwj_47CbkfvZAhVhB8AKHTmGAWMQMwhDKAgwCA..i&w=180&h=180&safe=vss&bih=778&biw=1600&q=123%20magic&ved=0ahUKEwj_47CbkfvZAhVhB8AKHTmGAWMQMwhDKAgwCA&iact=mrc&uact=8)

CEFS Parenting Referral Form

Early Help and Preventative Services

Please email all referrals using secure email to [Parenting@cheshireeast.gov.uk](mailto:Parenting@cheshireeast.gov.uk) ensuring that appropriate secure controls are in place such as egress or CJSM. Please refer to your own organisation/agency guidance on the correct secure email method to use.

CHILDS DETAILS

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** |  | | | | | | | | |
| **Forename(s)** |  | | | | | | | | |
| **D.O.B** |  | | | **Liquid Logic No** | | | |  | |
| **Gender** | **Male** |  | **Female** | | |  |  | | |
| **Current address:** |  | | | | | | | | |
| **Postcode:** |  | | | | **Type of address (e.g permanent, temporary, living with relatives)** | | | |  |
| **Home telephone number:** |  | | | | **Mobile Number** | | | |  |
| **Parents email for correspondence of course details.** |  | | | | **Nursery/Early Years/School attended and contact number** | | | |  |

PARENTS/CARERS DETAILS (Please note Parents need to be living with their children)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** |  | | | | | | | | |
| **Forename(s)** |  | | | | | | | | |
| **D.O.B** |  | | |  | |  | | | |
| **Gender** | **Male** |  | **Female** | | | |  |  | |
| **Relationship to child** |  | | | | | | |
| **Current address:** |  | | | | | | | | |
| **Postcode:** |  | | | | **Email address** | | | |  |
| **Home telephone number:** |  | | | | **Mobile Number** | | | |  |
| **GP and address** |  | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| OTHER SIGNIFICANT OTHERS (PARENTS, SIBINGS) | | | |
| NAME | D.O.B | RELATIONSHIP | LIVES AT SAME ADDRESS: Y/N? |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Is the child open to children’s social care?** | | **YES** |  | | **NO** | |  | |  | |
| **If yes please identify if the child is subject to any of the following:** | | **Child Protection** | | | |  | **Child in Need** | | |  |
| **EHA Plan** | | | |  | **Child Looked After** | | |  |
| **Key workers name** |  | | | **Key workers contact number** | | | |  | | |

|  |  |
| --- | --- |
| Other professionals involved | |
| Name of professional/service involved: | Contact details: |
|  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Parental commitment: Discussed with Parent | | | | | | | |
| **Please confirm you have discussed the referral with the parents and agreed what outcomes the parents are seeking from attending the course and they are fully aware of the commitment required. YES/NO**  **Parents will be contacted within the 4 weeks leading up to the start date of the course.** | | | | | | |  |
| |  | | --- | | **Transport/Childcare** | | **Transport / child care arrangements should fall to the responsibility of the parents or referring agency. This should be discussed with the parents by the referrer at the time of completing the form. In exceptional circumstances CEFS may consider funding of travel/childcare but these requests must be made by the referrer prior to the start of the course and may not always be available.** | | | | | | | |  |
|  | | | | | | |  |
|  |  |  |  |  |  |  | |
| **Please provide a brief overview of the reason for referral: What are the difficulties the parents are dealing with? What have they tried? What support have you offered?** | | | | | | | |
| **Please provide a summary of the anticipated outcomes you wish for the family as a result of the intervention you are referring for: What are you expecting them to learn? What do you expect to see change?** | | | | | | | |
| **Have the parents completed any previous parenting course? If so which one and when?**  **(please note parents will not be placed on courses they have previously completed)[[1]](#endnote-1)** | | | | | | | |
| **Please include any additional information you feel is relevant to the family:** | | | | | | | |
| **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.):* | | | | | | | |
| **Preferred Course:**  123 Magic  Webster Stratton  Triple P Teen (12 – 17 years)  Triple P Group (2 – 12 years)  Digital Parenting  There will be a pre-screening process prior to any offer of a place. | | | | | | | |
| |  |  | | --- | --- | | **Are there any known literacy issues or disability access requirements?** | | | Yes | No | | Details : | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referrers details** | | | |
| **Name of referrer** |  | | |
| **Work place address** |  | **Postcode** |  |
| **Contact number** |  | **Email address** |  |

|  |
| --- |
| **Date of referral:**  **Signed:** |

|  |
| --- |
| For internal use only |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Locality: |  |  |  |  |
| Course offered | Start Date | Facilitators | Attended | Completed |
|  |  |  |  |  |
| Pre Course PDH completed |  | Post Course PDH completed |  |  |
| Has the need to attend the group been stated as an action on EHA/CIN/CP Plan? |  |  |  |  |

1. Parenting CEFS V2 04/19 [↑](#endnote-ref-1)