



Parent Plus Adolescent Programme Referral Form

Family Details					
Parent/Carer 1			Parent/Carer 2		
Name:			Name:		
Relationship to young person:		Ethnicity: <small>See overleaf*</small>	Relationship to young person:		Ethnicity: <small>See overleaf*</small>
Address:			Address:		
Telephone No:	Mobile No:		Telephone No:	Mobile No:	
Are parents subject to a parenting order? Yes <input type="checkbox"/> No <input type="checkbox"/>			Lone parent family?: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes: Education <input type="checkbox"/> Crime <input type="checkbox"/>					
If known, which course date would you like to attend?					
Is the family able to attend eight weekly sessions?			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does young person currently reside with main carer?			Yes <input type="checkbox"/> No <input type="checkbox"/>		
If no, please give details:					
School/s attended: <small>(for adolescent in family)</small>					
Does the family have transport, or are you able to fund / provide transport?					
Does the family have any other specific additional support / communication/ literacy needs?					
Referrer Details					
Referrer Name:			Date of Referral:		
Agency Name & Address:			How did you hear about us?		
Contact Telephone:	E-mail address:				



Information

Areas of concern relating to referral: *(please relate to the referral criteria)*

What would the family like to gain from attending the programme?: *(please could you tick all that apply but also star one most relevant)*

1	To Increase Confidence in Parenting Skills	
2	To Strengthen Family Unit	
3	To Develop Skills to Handle Peer Pressure	
4	To Build Confidence in Boundary Setting	
5	To Improve Family Communication	
6	To Help Youth to Set Goals for the Future	
7	To Increase Skills to Avoid Youth Problems with Drugs & Alcohol	
8	To Develop Ability to Identify Each Other's Qualities & Strengths	
9	Other <i>(please specify):</i>	

***Ethnic category**

- a) White (British/Irish) any other white background
- b) Mixed (mixed white & black Caribbean / mixed white & black African / mixed white & Asian) any other mixed background
- c) Asian & Asian British (Indian/Pakistani/Bangladeshi) any other Asian background
- d) Black & Black British (Caribbean/African) any other black background
- e) Other ethnic group (Chinese / any other ethnic group)
- f) Not Stated

Client Consent

We agree to this referral to the Parent Plus Adolescent Programme, and that the information on this form may be shared with and stored by the programme administration. I understand that I will not be identified in any data analysis for reports.

Parent/Carer 1 Signature: _____

Parent/Carer 2 Signature: _____

Date: _____

OFFICE USE ONLY

Referral No:		Date received:	
Letter sent to Referrer		Letter sent to Family:	
Referral Status:	Notes:		
Area:			