



North Tyneside Council

Parenting Courses Referral Form

Date of referral:	Contact details of referrer – Email Address & Phone Number	
Name of referrer:		
Family Details / Consent for Referral		
Name of Parents:	Contact Details of Parents – Address and Phone Number	
Parents Signature consenting to referral:		
Name of child/young person 1	Date of birth	School Attended
Name of child/young person 2	Date of birth	School Attended
Name of child/young person 3	Date of birth	School Attended
Name of child/young person 4	Date of birth	School Attended
Name of child/young person 5	Date of birth	School Attended
Name of child/young person 6	Date of birth	School Attended
Name of child/young person 7	Date of birth	School Attended
Assessment		
Is there an EHA/Single Assessment for the child/family or equivalent eg Asset or PHSN Health Assessment? (NB: referrals can only be accepted if an assessment is in place)	Yes/No	
If the child or family are subject to any kind of statutory intervention/court order, please say what and who it relates to.		
Anticipated end date for intervention/court order		
Named worker		
Is the referrer named above also the named worker/lead professional for the child/family:	Yes/No	
If no, who is the named worker for the child/family?		

www.northtyneside.gov.uk

Email completed forms to : parenting@northtyneside.gov.uk

North Tyneside Council want to ensure that all services and activities provided make a difference to children, families and communities. We do this by recording and looking at why and how different people use services. Your information will be kept safe, secure and treated with respect. It will be shared within the Council and those agencies delivering services in partnership with the Council. Information will only ever be used, shared and/or stored strictly within the requirements of the Data Protection Act 1998. By providing the information requested on this form you agree that family details and related information will be recorded and stored on the Councils ICT systems.

Parenting Courses			
Which parenting course are you referring to?	When would family prefer to attend? (delete those that do not apply)		
	Day	Evening	Weekend
Why are you referring this family onto a parenting course?			
Is a crèche/childcare required? (NB: the referrer is responsible for arranging the crèche place)		Yes/No	
Do the parents know they have been referred?		Yes/No	
Is the young person aware of the referral being made?		Yes/No	
Any Special requirements:			
Parents' view of the referral and/or the support being offered through this referral?			
Any further barriers to engagement that need to be considered?			
Additional Information:			
I understand that by referring a family onto a parenting course delivered as part of the North Tyneside Offer, I as the referrer, commit to support the family to engage with the course and to sustain that engagement throughout the course delivery and for three months after course completion. I understand I will be required to share the assessment with the trainers delivering the course and that it will be my responsibility to monitor the impact of the course on the family and to provide feedback on the outcomes.			
Signature of referrer:			

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