

Parenting programme

Registration form

To be completed by parent or staff before programme start

Details of the parent/carer	
Name:	Date:
Address:	Postcode:
Tel (home):	Tel (mobile):
Email:	
Is your first language English? <input type="radio"/> Yes <input type="radio"/> No <i>If no, please say what language:</i>	
Do you have any disability, health or learning needs that will need to be taken into account? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, please say what assistance you will need:</i>	
Do you have any special dietary needs? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, please say what this is:</i>	
Which programme are you registering for? <input type="radio"/> Strengthening Families, Strengthening Communities <input type="radio"/> Strengthening Families, Strengthening Communities (Arabic) <input type="radio"/> Strengthening Families 10 - 14 <input type="radio"/> Incredible Years <input type="radio"/> Parenting Nurturing Programme <input type="radio"/> Triple P <input type="radio"/> Triple P Teen <input type="radio"/> Other (<i>please specify</i>)	
Have you ever attended a parenting programme? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, what was the programme?</i>	
Details about children	
Number of children in the household <input type="radio"/> Children (birth to two years) <input type="radio"/> Children (three to seven years) <input type="radio"/> Children (eight to 13 years) <input type="radio"/> Children/adolescents (14 or older)	
What is your relationship to the child/ren <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Step-parent <input type="radio"/> Grandparent <input type="radio"/> Relative/family friend <input type="radio"/> Carer <input type="radio"/> Foster carer <input type="radio"/> Other, <i>please specify</i>	
Please tick if you are: <input type="radio"/> single parent/carer <input type="radio"/> two parent/carer	

What are your family strengths?

What are your hopes for attending this parenting programme?

Are there any particular issues affecting your family?

Are you afraid of anyone in your family?

Who completed this form:

Parent /carer

Professional

(please give contact details)

Please note that the personal data you provide will be handled by the Royal Borough of Kensington and Chelsea in accordance with the Data Protection Data Act 1998. The information you provide will be used only for the purpose(s) of research and audit.

Please return a copy of the completed form to:
Parenting Team, Kensington Town Hall, Room 242, Hornton Street, London W8 7NX