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| **Parent/Carer conference contribution form** |

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*Please type or write into the boxes.*

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| **Name of child/children*****(please include if unborn baby)*** | **Date of birth*****(including estimated date of delivery)*** | **Address**  |
|       |       |       |
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| **What do you feel is going well for you and your child/children at the moment?** |
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| **What are you most worried about for your child/children? Is there anything else you are worried about?**  |
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| **Is there anything that you or your family are finding particularly difficult at the moment?**  |
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| **What do you feel you don’t know enough about or need to understand better?** |
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| **What are the things that help keep your child/children safe at the moment?** **Is there anything else that might help keep them safe?** |
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| **What do you think would be most helpful to your child/children?** **Is there any other support or services that you can think of that would help them or you?** |
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| **What do you think family life is like for your child at the moment?** ***If you have a baby or young child:* If they could talk, how do you think they would describe life in their family?**  |
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| **Who is completing this form** |
| **Your name** |       |
| **Your relationship to each child** |       |
| **Contact details** |       |
| **Signature/Date**  |  |

***Please could you help by filling in the details on the next page as well…….***

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| **Can you confirm who else lives in the household?**  |
| **Name** | **Date of birth & age** | **Address** | **Relationship to each child** | **Legal Parental Responsibility?** |
|       |       |       |       |       |
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| **Is there anyone else who is important in the child/ren’s life?** ***(eg another parent / a partner who does not live with you / the father of an unborn baby)*** |
| **Name** | **Date of birth and age** | **Address** | **Relationship to each child** | **Legal Parental Responsibility?** |
|       |       |       |       |       |
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