|  |  |  |
| --- | --- | --- |
| **Parent Programme Group Referral – Internal Partners**  *(If the family have a Social Worker involved, Please ask them to complete the referral)*  *All completed Internal Referral forms to be sent to; TSGroups@nctrust.co.uk* | | |
| **Date of Referral:** | **Virtual**  ***(Please note that a suitable device is required by the Parent/Carer to access the programme online)*** | **Classroom**  ***(Please note this is not currently available due to COVID)*** |
| **Programme Choice:**  *(Please cross the programme of choice in either Virtual or Online)* | Solihull Approach | Solihull Approach |
| Triple P | Triple P |
| Teen Triple P | Teen Triple P |
| Freedom | Freedom |
| **Reason for Referral** | | |
|  | | |
| **Referrers Details** | | |
| **Referrers Name:** |  | |
| **Referrers Position:** |  | |
| **Agency/School Name:** |  | |
| **Address:** |  | |
| **Referrers Contact Number:** |  | |
| **Referrers Email:** |  | |
| **Questions to be answered – *Note: Parents signature/email required with referral*** | | |
| ***Please tick the relevant boxes to the following questions;*** | **Yes** | **No** |
| **Has the Parent/Carer consented to the referral?** |  |  |
| **Has the Parent/Carer consented to be contacted directly?** |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Family Details** | | | | | | | **Office use only** |
| ***Parent / Carers Details;*** | **Title** | | **First Name** | **Surname** | | **DOB** | **CAPITA I.D** |
| **Main Carer Full Birth Name** |  | |  |  | |  |  |
| **Address of Main Carer** |  | | | | | | |
| **Contact Number of Main Carer** |  | | | | | | |
| **Email of Main Carer** |  | | | | | | |
| **Relation to the Child/ren** |  | | | | | | |
| **Is this parent/carer being referred for the Programme? *Please tick relevant box*** | **Yes** | | | | **No** | | |
| ***Parent / Carers Details;*** | **Title** | | **First Name** | **Surname** | | **DOB** | **CAPITA I.D** |
| **Main Carer Full Birth Name** |  | |  |  | |  |  |
| **Address of Main Carer** |  | | | | | | |
| **Contact Number of Main Carer** |  | | | | | | |
| **Email of Main Carer** |  | | | | | | |
| **Relation to the Child/ren** |  | | | | | | |
| **Is this parent/carer being referred for the Programme? *Please tick relevant box*** | **Yes** | | | | **No** | | |
| ***Children’s Details;*** | **Gender** | | **First Name** | **Surname** | | **DOB** | **CAPITA I.D** |
| **Children’s Main Registered Address** |  | | | | | | |
| **1st Child’s Name** |  | |  |  | |  |  |
| **2nd Child’s Name** |  | |  |  | |  |  |
| **3rd Child’s Name** |  | |  |  | |  |  |
| **4th Child’s Name** |  | |  |  | |  |  |
| **5th Child’s Name** |  | |  |  | |  |  |
| **Consent Signatures**  ***Please note: If parent/carer is unable to sign the form then the below GDPR statement should be pasted into an email by the parent/carer confirming their agreeance to this.***  ***This MUST then be attached & sent along with this referral form – without the referral form will be declined.*** | | | | | | | |
| **Parent / Carer Signature** |  | | | | | | |
| **Date Signed** |  | | | | | | |
| **Parent / Carer Signature** |  | | | | | | |
| **Date Signed** |  | | | | | | |
| **GDPR Statement** | ***The data provided will be held securely on NCT/NCC systems and used to meet Local Authority statutory duties and to ensure that it can deliver the right services at the right time. I consent to the processing of my personal data for the purposes of the provision of virtual group work delivery.***  ***To find out how we, collect, store and handle your personal information and what your information rights are, please see our Privacy Notices at*** [***https://www.nctrust.co.uk/privacy-notice/Pages/default.aspx***](https://www.nctrust.co.uk/privacy-notice/Pages/default.aspx)***. If you are unable to access the Trust’s website, a copy of the relevant Privacy Notice can be provided on request.*** | | | | | | |
| cid:image005.png@01D73AAB.25168350 | | | | | | | |
| **Office Use Only** | | | | | | | |
| **Name of Person Receiving Referral** | |  | | | | | |
| **Date Referral Received** | |  | | | | | |
| **Waiting List Date Assigned To** | |  | | | | | |
| **Assigned Facilitator/s** | |  | | | | | |
| **Date Assigned to Facilitator/s** | |  | | | | | |