

# South Holland Parenting Course Request

In order to ensure that families are signposted to the most appropriate service to suit their needs we ask all professionals to provide the following information when referring families to Parenting Courses - we are unable to effectively process your request without this information and incomplete forms will be returned.

Name of parent/carer		Address & Postcode		Tel number	
Please identify any additional needs/requirements (if any) i.e. language/hearing impairment/ other disability:					
Name of child		Date of Birth	ICS Number	Additional needs	Child Care needed Y/N
Status: EHA/TAC					
Referred by / Self-referral		Role & Organisation		Contact Email & Telephone	
Date request made:					
<b>Please identify the course being requested with an 'X'</b>					
Is the child/ children registered at a Children's Centre? If not, please ensure the child/ children are registered with their local Children's Centre within 1 week of this referral.					
Solihull		Group Triple P 0-12 yrs		Stepping Stones Triple P CWD	Teen Triple P
SPOT		Strengthening Families, Strengthening Communities		Young Expectant Parents	Sleep Tight
Other Please Specify:					
Have the Family been advised that this referral has been made?					
What support is going to be required to ensure the parents attendance on this course? Are you able to assist with this?					
Please provide any additional information about this family that the course facilitators will need:					
Referrers: Please send completed request from to <a href="mailto:SHParenting@lincolnshire.gcsx.gov.uk">SHParenting@lincolnshire.gcsx.gov.uk</a> A submitted request is not confirmation of a place; you will be advised if the family is allocated a place on the next course available, 2 weeks prior to the course starting.					