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|   | Parenting & Family Learning TeamApplication Form |

Agencies or Services can register families or families can register themselves

For more information on opportunities available, please go to our website [www.pkc.gov.uk/parenting](http://www.pkc.gov.uk/parenting)

**Family Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Parent /Carer Name: |  | Male/Female |  |
| Address: |  |
| Postcode: |  |
| Phone Number: |  |
| Email Address: |  |
| Preferred Contact: | Email: |  | Phone: |  | Text: |  |
| Childs Name: |  | Date of Birth: |  |
| Childs Name: |  | Date of Birth: |  |
| Childs Name: |  | Date of Birth: |  |
| For more children please add to ‘information required’ section |

**Agency details: (if appropriate)**

|  |  |
| --- | --- |
| Referrer |  |
| Job Title |  |
| Service |  |
| Phone No |  |
| Email |  |
| Date of application |  |
| **Has referral been discussed with family?** | **Yes** |  | **No** |  |
| **Referral is for:**  |
| **Mother** |  | **Father** |  | **Both** |  |
| **Other Carer** |  | **Relationship** |  |
|  |
| **Self-Referred** |  |
| **Tell us how you heard about us (please tick)** |
| **Press** |  | **Internet** |  | **Recommendation** |  | **Referral** |  | **Other** |  |

**Information required:**

|  |  |
| --- | --- |
| Please identify what support is required.  |  |
| Any other information or comments: |  |

**Key criteria: (not required for Strengthening Families)**

|  |  |  |
| --- | --- | --- |
| Please identify the factors present within the family | Child protection |  |
| Concerns of potential neglect |  |
| Domestic abuse |  |
| Drug or alcohol abuse |  |
| Engaged in Criminal Justice System |  |
| Homeless or in temporary accommodation |  |
| Lone parent |  |
| Looked after children or kinship care |  |
| Low income |  |
| Mental health issues (including post-natal depression) |  |
| Minority ethnic family |  |
| Physical health |  |
| Socially excluded |  |
| Travelling family |  |
| Young parent |  |
| Other (please specify) |  |

**Criteria for Infant Massage only:**

|  |  |
| --- | --- |
| **Practitioners can refer parents and babies to an infant massage group if they are aware of :** | ✓ |
| Referral for: Mother |  | Father |  | Both |  |
| Parents or carers who would benefit from increasing their confidence in parenting, bonding with and nurturing their baby |  |
| Mothers/fathers experiencing postnatal depression or parents who would benefit from reducing the level of stress they are experiencing |  |
| Concerns about the baby’s circulation or digestion, including colic and constipation |  |
| A baby experiencing anxiety or emotional distress, including prolonged crying or poor sleep routines |  |
| A baby born prematurely or concerns about the growth of the baby |  |
| A baby with disabilities who would benefit from improving muscle tone |  |
| Parents experiencing challenges as a result of their disability or sensory impairment |  |

|  |  |
| --- | --- |
| Contact details:Parenting & Family Learning TeamBalhousie Primary SchoolDunkeld Road, Perth PH1 5DHPhone: 01738 477697Email: Parenting@pkc.gov.uk  | **How We Use Your Personal Information**The information provided by you will be used by Perth & Kinross Council to inform reports and evaluate practice. The information will not be disclosed to third parties. The Council may check information provided by you, information about you provided by a third party, with other information from certain third parties or share your information with them in order to verify its accuracy, prevent or detect crime, protect public funds or where required by law.For further information, please look at our website [www.pkc.gov.uk/dataprotection](http://www.pkc.gov.uk/dataprotection) or email DataProtection@pkc.gov.uk or telephone 01738 477933 |