

## Triple P Service Request

### Please Specify Course Requested:

Triple P 0-12 <input type="checkbox"/>	Triple P Teen <input type="checkbox"/>	Stepping Stones <input type="checkbox"/>
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<b>Referrer Name:</b>		<b>Date:</b>	
<b>Department:</b>		<b>Contact Number:</b>	
<b>Email Address:</b>			

<b>Parent/Carer 1</b>	<b>Title:</b>		<b>Surname:</b>		<b>First Name:</b>	
<b>Address:</b>					<b>Postcode:</b>	
<b>Contact Number:</b>					<b>DOB:</b>	
<b>Ethnicity</b> <small>(Please refer to Ethnicity Summary Table at the end of this document for the descriptions to use)</small>					<b>Language:</b>	
<b>Learning Needs/Disabilities</b>					<b>Religion:</b>	
<b>Employed/unemployed/in training or education</b>					<b>Single Parent:</b>	Yes/No
Biological Parent <input type="checkbox"/>	Foster Carer <input type="checkbox"/>			Grandparent <input type="checkbox"/>		
Adoptive Parent <input type="checkbox"/>	Childminder <input type="checkbox"/>					

<b>Parent/Carer 2 (to be invited to attend)</b>	<b>Title:</b>		<b>Surname:</b>		<b>First Name:</b>	
<b>Address:</b>					<b>Postcode:</b>	
<b>Contact Number:</b>					<b>DOB:</b>	
<b>Ethnicity</b> <small>(Please refer to Ethnicity Summary Table at the end of this document for the descriptions to use)</small>					<b>Language:</b>	
<b>Learning Needs/Disabilities</b>					<b>Religion:</b>	
<b>Employed/unemployed/in training or education</b>					<b>Single Parent:</b>	Yes/No
Biological Parent <input type="checkbox"/>	Foster Carer <input type="checkbox"/>			Grandparent <input type="checkbox"/>		
Adoptive Parent <input type="checkbox"/>	Childminder <input type="checkbox"/>					

Household Composition (Children)					
Child's Name	DOB	Target	School/Nursery Attended	Relationship	ICS/eCAF Number

Household Composition (Other Adults)/Other Support Available		
Name	DOB	Relationship with Parent/Carer

**Culturally identified or other needs**  
 (Are there any culturally identified or other needs that must be taken into consideration when providing support/delivering services?) Please detail below:

<b>Plan Type</b>	LAC	Yes/No	<b>Level on Continuum of Need</b>	1	Yes/No
	Child in Need	Yes/No		2	Yes/No
	Child Protection Plan	Yes/No		3	Yes/No
	Pre Proceedings	Yes/No		4	Yes/No
<b>Assessment Type</b>	EHAT	Yes/No	<b>Parenting Order</b>	Yes/No	Dates:
	Other Assessment	Yes/No			

Reason For Request (Specific Details MUST be Provided Below)					
Behaviour Management		Parenting Skills		Relationship Problems	
School Attendance		Mental Health Issues		Domestic Violence	
Anti-social Behaviour		Alcohol		Drugs	
Stress		Anger		Depression	
PLEASE PROVIDE SPECIFIC DETAILS INCLUDING STRENGTHS					

Provide Details of the Outcomes Sought (MUST be completed)	
Parent(s)	
Child(ren)	

Are There Any Known Risks With Parents or Children?		
Yes (Provide Details)		
None Known		
<b>RISK ASSESSMENT MUST BE ATTACHED TO REFERRAL (if applicable)</b>		

Creche Required? (Places are limited)	Yes/No	If yes please supply details below
Child Name	DOB	Learning Needs/Disability

Previous Parenting Programmes/One to One Support	
Type of Programme	Date

Does the Parent/Carer Require Any Additional Support?		
Yes (Provide Details)		
No		

<b>PARENTAL CONSENT</b>	<b>Yes/No</b>	<b>Signature:</b>
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## Your data – Fair Processing / Privacy Notice

The information provided on this form will be processed in accordance with the requirements of the Data Protection Act 1998. It will be treated as confidential and used only for the following purposes:

- To provide the best possible services and support appropriate to the needs of you and your child/children;
- To assess how well the Services are performing;
- To ensure that suitable and appropriate Children & Young Peoples Services are delivered to you, including (but not limited to) enrolment and participation on courses such as Triple P and accessing services and events at St Helens Children's Centres.

Your request to use Parenting Support Services indicates your consent for the information provided on this form to be shared with other relevant organisations for this purpose. Your information will not be shared for any other reason unless we have your consent or unless we are allowed to by law.

If you would like more information about the processing of data by the organisations mentioned above, in the first instance, please contact St. Helens Council, Children and Young People's Services, Early Help, Atlas House, Corporation Street, St. Helens, Merseyside, WA9 1LD.

Under the Data Protection Act, you have the right of access to personal data that we may hold about you. Children, as data subjects, also have the right of access to personal data that we may hold about them, with parents exercising this right on their behalf if they are too young to do so themselves.

If you wish to access your personal data, or that of your child, then please consult the St Helens Council [Data Protection](#) webpage for guidance on this.

## Ethnicity Table:

<b>Ethnic Origin:</b>	1 White British	8. Mixed White & Black Caribbean	15. Black African	<b>Self identified:</b> <input type="checkbox"/> Yes
	2 White Irish	9. Any Other mixed background	16. Chinese	<input type="checkbox"/> No
	3. Traveller of Irish Heritage	10. Indian	17. Any other ethnic group	
	4. Gypsy/Roma	11. Pakistani	18. Refused	
	5. Any other white background	12. Bangladeshi	19. Information not yet obtained	
	6. Mixed White & Asian	13. Any other Asian background		
	7. Mixed White & Black African	14. Black Caribbean		

**Please Return to:**

[ParentingTeam@sthelens.gov.uk](mailto:ParentingTeam@sthelens.gov.uk)

**Child in Need, Central Link Children's Centre, Westfield St, St Helens, WA10 1QF**

**For more information please contact Child in Need on 01744 676543**