### Family Centres Parent/Carers Education Programme Access Request



# Request Details Date of request

Person undertaking the Request if not the parent or carer

| Name:         | ••••• |
|---------------|-------|
| Position:     | ••••• |
| Organisation: | ••••• |
| Email:        |       |
| Telephone No: |       |



### Family Details

2

Parent/Carer 1 who wishes to attend a programme

| Name:               | Gender (M             | //F): Ethnicity: |
|---------------------|-----------------------|------------------|
| Address:            |                       | Postcode:        |
| DOB:                | Home Tel:             | Mobile:          |
| Relationship to chi | ldren:                |                  |
| Parent/Carer 2 wh   | no wishes to attend a | programme        |
| Name:               | Gender (M             | //F): Ethnicity: |
| Addross:            |                       | Postcode         |

| Autress         |           | Postcoue. |
|-----------------|-----------|-----------|
| DOB:            | Home Tel: | Mobile:   |
| Relationship to | children: |           |

### Your Children

| 1   2   3   4   5   Main Househo Owner occupier Owner occupier Temporary According to the second seco | Priva<br>rente | ate      | please t | ick as app<br>Housing<br>local aut | ropriate):<br>associatior<br>hority rent<br>Other (plo<br>give detai | ed             |
|---|----------------|----------|----------|------------------------------------|--|----------------|
| 3<br>4<br>5<br>Main Househo<br>Owner<br>occupier  | Priva<br>rente | ate      | please t | ick as app<br>Housing<br>local aut | associatior<br>hority rent<br>Other (plo                             | ed             |
| 4<br>5<br>Main Househo<br>Owner<br>occupier   | Priva<br>rente | ate      | please t | ick as app<br>Housing<br>local aut | associatior<br>hority rent<br>Other (plo                             | ed             |
| Main Househo<br>Owner<br>occupier   | Priva<br>rente | ate      | No fixed | Housing<br>local aut               | associatior<br>hority rent<br>Other (plo                             | ed             |
| Main Househo<br>Owner<br>occupier   | Priva<br>rente | ate      | No fixed | Housing<br>local aut               | associatior<br>hority rent<br>Other (plo                             | ed             |
| Owner<br>occupier   | Priva<br>rente | ate      | No fixed | Housing<br>local aut               | associatior<br>hority rent<br>Other (plo                             | ed             |
| by Local author<br>English your f   |                |          |          |                                    |  |                |
|   | •••••          |          |          |                                    |  |                |
| Yes   | amily's 1st l  | languag  | je? If   | ••••••                             | e state you  | ır 1st languag |
|   | i 🗌 No         |          |          | •••••                              |  |                |
| •••••   | •••••          | ••••     | •        |                                    |  |                |
| re interpretatio  | on services    | needed   | ?        |                                    |  |                |
|   |                |          |          |                                    |  |                |
| Yes   | • • • • • • •  | • • • •  |          |                                    | - 1  |                |
| • • • • • • •   | •••••          | • • • •  | ••••     | • • • • • •                        | <b>.</b> V   |                |
| Please give de<br>including info<br>plan (EHCP) o   | rmation rela   | ating to | any cur  | rent educa                         | ation healt  |                |
|   |                |          |          |                                    |  |                |
|   |                |          |          |                                    |  |                |

## Please tell us the details of any service currently supporting you or your family

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| Family<br>Member                        | Service/<br>Agency          | Name and role of any<br>key worker/professional   | Contact<br>details | Approx.<br>start and<br>end dates | Reason for<br>involvement/<br>assessments<br>undertaken? |
|---|-----------------------------|---|--------------------|-----------------------------------|--|
| •••••                                   |                             |   |                    |                                   |  |
| ••••••••••••••••••••••••••••••••••••••• |                             |   |                    |                                   |  |
|   |                             |   |                    |                                   |  |
| Please tick                             | if you ha                   | ive any of the suppor   | t plans b          | elow in pl                        | ace:   |
| Early Help<br>Assessment                | -                           | hild in Child<br>eed Plan Protec  | tion Plan          |                                   | ked After  |
|   |                             | apport the request  | gramme th          | at has been                       | accessed before:   |
| Why do yo                               | ou feel you                 | need to access a parent edu   | ucation pro        | ogramme at t                      | this time?   |
| What do y                               | ou hope to                  | achieve from accessing a pa   | irent educa        | ation program                     | nme at this time?  |
| DI                                      |                             | · · · · · · · · · · · · · · · · · · ·   | •••••              |                                   | ••••   |
|   |                             | ch programmes you a   |                    |                                   |  |
|   | understand<br>to 18 years   | ling your child's behaviour   | – for fami         | lies with chil                    | dren   |
|   | tratton – ir<br>ren 3-10 ye | credible years parenting p<br>ars   | rogramme           | for families                      |  |
| Talking Te                              | ens Parent                  | Group - for families with c   | hildren ag         | ed 11-18 yea                      | rs   |
| Sleep Suc                               | cess – for fa               | milies with children and y  | oung peop          | le aged 1 to 1                    | L8 years   |
| Other (Ple                              | ease state)                 |   |                    |                                   |  |
| are not gua                             | aranteed. If                | èche places available for chi<br>you need any creche places<br>umber in the box to the righ | then pleas         |                                   |  |

Is there any more information you would like to tell us to enable us to support you in accessing a programme? E.g. any days or times that would suit your circumstances (please state below)

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### Information sharing and storage - how we will process and look after the personal data during the assessment of the request and any subsequent intervention

This section must be fully completed and signed by all persons over the age of 18 who are present at the time of completion of the form with the family, on behalf of their family including any child or young person for whom they are parent or carer.

We will need to collect a significant amount of personal data relating to you and any children or young people for whom you are parent or carer throughout this process from the initial request for service and any subsequent intervention that we establish in order that we can understand and provide what help you may need. To help us to better understand your needs we may request additional information from other organisations such as health, education, social care, private and voluntary agencies and support services to enable us to provide you with the services you need.

If we cannot cover all of your needs we may need to share some of this information with other organisations such as health, education, social care, private and voluntary agencies and support services to enable us to provide you with the services you need. You will be notified of any third party involvement. Please be assured that this information along with any information gathered throughout the lifetime of any intervention offered will be stored securely within a secure electronic recording system or locked in a secure filing system in line with the our policies and procedures.

Personal information will be treated as highly confidential and will not be shared without your permission for any other reason unless we are required by law to share it or unless you or anyone else will come to some harm if we do not share it. In any case we will only ever share the minimum information we need to share.

Early help services provided via this request for service are voluntary and you have the right to withdraw from the process at any time. If you do choose to withdraw then you should inform us either verbally or in writing.

Barnsley Council's privacy statement is available to view at www.barnsley.gov.uk/privacy.

I understand the information gathered and recorded as part of the request for service and any subsequent intervention will be stored and used for the purpose of providing services to myself and the children or young people for whom I am parent or carer

I have had the reasons for information sharing and information storage explained to me and I understand those reasons and give my agreement to share and request information in the relevant circumstances I understand that the information provided on this form relating to myself and others will be recorded and that they may be contacted as part of the consideration of this request for service and any subsequent intervention

I understand that the information that is gathered and recorded as part of the request for service and any subsequent intervention may be used by Barnsley Council for local and national monitoring and reporting purposes.

#### Signatures of persons present

| Signed: | Name: | Date: |
|---------|-------|-------|
| Signed: | Name: | Date: |
| Signed: | Name: | Date: |

### Submitting the request

Once you have fully completed the request form please email it to familycentresparenteducation@barnsley.gov.uk. Please note that it is your responsibility to ensure that this information is emailed securely, if you need support with this then please email us to discuss before sending any sensitive information. You can also take your form to your nearest family centre.

Once your request has been received it will be processed and you will be informed of the outcome.