

Triple P Baby Parenting Programme Referral Form

To access other support through Barnsley Virtual Hubs please visit

<https://barnsley.cloud.servelec-synergy.com/Synergy/>

Triple P for Baby aims to increase parent's competence and confidence in raising their children by targeting known risk factors common across the transition to parenthood, including early parenting confidence and skills in managing infant behaviour, parental coping and stress and the couple relationship.

It is an eight week programme with four face-to-face group sessions and four follow up telephone call sessions for expectant parents and carers during pregnancy and for parents and carers until their infant is 1 year old.

1. Your / Parent details: Please tick all that apply

First Name(s):		Last Name:	
Date of Birth:	Pronouns:		
Ethnicity/Nationality:			
Address:			
			Postcode:
Phone Number(s):		Email:	
Is English your first language?		If No, please state your first language	
		Are Interpreter Services needed?	

2. Details of second person joining you on the course (optional)

First Name(s):		Last Name:	
Date of Birth:	Pronouns:		
Ethnicity/Nationality:		Relationship to first applicant:	
Address (if different from above):			
			Postcode:
Phone Number(s):		Email:	
Is English your first language?		If No, please state your first language	
		Are Interpreter Services needed?	

3. Children's Details

Children's Name	Expected Delivery Date or Child's Date of Birth	Child's Gender	Child's Education Provider	Resident in the family home

4. Please give details of any disabilities or additional needs in the family including information relating to any current education health and care plan (EHCP) and education health and care needs assessment

5. Please tick any of the following statements that relate to you and your baby (please tick any that are relevant to you):

I am pregnant and would like to learn more about pregnancy and caring for my baby

I would like support and to learn more about my relationship with my baby

I would like support and to learn more about my mental health and wellbeing

I would like to learn more about caring for my baby

6. Please tell us the details of any services currently supporting you or your family

Family Member	Service/Agency	Name and role of Key Worker/ Professional	Contact Details	Reason for Involvement / Assessment Taken

7. 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 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.

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 referral form and any subsequent intervention may be used by Barnsley Council for local and national monitoring and reporting purposes.

Signatures of persons giving consent: *(verbal consent can be accepted but the request must include the date consent was obtained, who from and who gained consent)*

Signed:		Name:		Date:	
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Signed:		Name:		Date:	
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Submitting the Request

Once you have fully completed the request form please email parentsupport@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.