**MELLOW PARENTING COURSE**

**FAMILY APPLICATION FORM**

**Course to run on WEDNESDAYS starting Autumn 2015 – end March 2016**

**PARENTS / CARERS**

|  |
| --- |
| **Parent / Carer applying to join the course Please write clearly!** |
| **NAME:** |
| **ADDRESS:** |
| **POSTCODE:** |
| **LANDLINE No:** |
| **MOBILE No:** |
| **EMAIL:**  |
| **CAN YOU UNDERSTAND & SPEAK ENGLISH? Yes: No** |
| **LANGUAGE SPOKEN AT HOME:** |

**CHILDREN**

**Children who will be present on the course:**

*(At Least one child aged 0 – 4 years needs to come to sessions with you throughout the course). If your child already goes to a setting we can arrange for them to come with you to the course one day a week and your child will not lose their place at the setting.*

|  |  |  |
| --- | --- | --- |
| **No.** | **CHILD'S FULL NAME** | **DATE OF BIRTH** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |

**CAN YOU TELL US WHY WOULD YOU LIKE TO COME ALONG TO THE MELLOW PARENTING COURSE?**

|  |
| --- |
|  |

**ARE THERE ANY OTHER AGENCIES YOU ARE CONNECTED WITH OFFERING YOU SUPPORT?**

**Please list them below**

|  |  |  |
| --- | --- | --- |
| **AGENCY** | **CONTACT DETAILS** | **NAME OF PERSON** |
|  |  |  |
|  |  |  |
|  |  |  |

**HAVE YOU HAD A CAF (Common Assessment Framework) FORM COMPLETED FOR YOUR FAMILY?**

 **YES** **NO**

**DIVERSITY MONITORING ( Parents / Carers)**

|  |  |  |  |
| --- | --- | --- | --- |
| **ETHNIC GROUP** | **MOTHER / CARER** | **ETHNIC GROUP** | **MOTHER / CARER** |
| WHITE BRITISH. |  | CARIBBEAN |  |
| WHITE IRISH |  | SOMALI |  |
| TRAVELLER OF IRISH HERITAGE |  | OTHER BLACK AFRICAN |  |
| TURKISH / T. CYPRIOT |  | OTHER BLACK BACKGROUND |  |
| GREEK / G. CYPRIOT |  | INDIAN |  |
| GYPSY / ROMA |  | PAKISTANI |  |
| WHITE EUROPEAN |  | BANGLADESHI |  |
| WHITE – OTHER |  | OTHER ASIAN BACKGROUND |  |
| WHITE & BLACK – CARIBBEAN |  | VIETNAMESE |  |
| WHITE & BLACK AFRICAN |  | CHINESE |  |
| WHITE & ASIAN |  | OTHER ETHNIC GROUP |  |
| OTHER MIXED BACKGROUND |  | REFUSE TO SAY |  |
|  |  |  **DO YOU CONSIDER YOURSELF TO HAVE ANY SORT OF DISABILITY?** |  |

**DECLARIATION**

* *I understand that the Mellow Parenting Course lasts for 14 weekly sessions over a 6 month period.*
* *If I am offered a place on the course I agree to attend with a child throughout the course.*
* *I understand the Mellow Course will start with some fun Stay & Play sessions for me & my child so we both feel settled before the course properly starts.*

**SIGNED: DATED:**

Please complete and return this form by Friday 9th October.

For applications after this date please telephone Toyhouse & ask to speak with either Julie or Pip to discuss your interest in applying.

REFERRAL FORM11092015C/MP.DOCx