

Strengthening Families Starter Form

Information

This Strengthening Families course is designed for up to two parents/carers and two children. Parent and young persons need to commit to attending seven two-and-a-half hour sessions. Of course, you can change your mind after the first session. Hardly any one ever does, though. You do not have to share any personal information with the group.

We aim to support you and your young person through the sessions and be of help between sessions. Change for the better is possible, but it may be hard work.



A member of the Strengthening Families team will visit you

Your Details	Parent/Carer's name	Address
	Mobile	Post Code
	Email	
	Telephone	
	Do you consider yourself to have a disability?	

Your Children's Details	First name	Surname	Date of Birth	Ethnicity	
	Relationship to you	Gender	Age	Does your child have a disability?	
	Name of child's school			Permission to contact school	Y / N
	First name	Surname	Date of Birth	Ethnicity	
	Relationship to you	Gender	Age	Does your child have a disability?	
	Name of child's school			Permission to contact school	Y / N
	First name	Surname	Date of Birth	Ethnicity	
	Relationship to you	Gender	Age	Does your child have a disability?	
	Name of child's school			Permission to contact school	Y / N
	First name	Surname	Date of Birth	Ethnicity	
	Relationship to you	Gender	Age	Does your child have a disability?	
	Name of child's school			Permission to contact school	Y / N
	First name	Surname	Date of Birth	Ethnicity	
	Relationship to you	Gender	Age	Does your child have a disability?	
	Name of child's school			Permission to contact school	Y / N



A project of:
 Exeter Community Initiatives
 14 York Road
 Exeter
 EX4 6BA
 Charity No: 1026229

Information consent

I give my permission for the co-ordinator to share the information on this form with any relevant groups or organisations where there may be a possibility of offering appropriate alternative services.

Parent signature	Date
Young Person's signature	Date

Photography consent

I give my permission to being photographed within the group.

Parent signature	Date
Young Person's signature	Date

An important part of Strengthening Families is that you get enough support to discuss and build on the learning from the programme. What professional is supporting this application?

Name of professional
Position & Organisation
Telephone
Address
Post code

Do you know if a Common Assessment Framework (CAF) is open for you? (we can check so don't worry if you don't know)	YES/NO
Do you know the CAF ID number?	
Are you current receiving support from any other professional or organisation?	YES/NO
If so, which organisations or teams?	

If you have any questions, please phone Exeter Community Initiatives on 01392 205800.

Please return the completed form to:

Parenting Coordinator
Exeter Community Initiatives
14 York Road
Exeter
EX4 6BA