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| **Triple P Parenting Programme Referral Form**  This form is simply for referring parents of teens onto a Triple P Course.  For other referrals please find the correct for at thedoor.org.uk  This form is for **professionals** only and should **not** be completed by individuals. Forms for individuals can be found in the ‘For Young People’ and ‘For Families’ section of thedoor.org.uk | | | | | | |
| **SECTION A: Details of the person in need of support:** | | | | | | |
| Name: | | | | Date of Birth: | | |
| Ethnicity/Nationality: | | | | Sex: | | |
| Address:  Postcode: | | | | | | |
| Home Phone: | | | Mobile Phone: | | | |
| Email: | | | | | | |
| **Emergency contact details** | | | | | | |
| Name: | | | Phone Number: | | | |
| Relationship to applicant: | | | | | | |
| **Details of second person being referred (if applicable)** | | | | | | |
| Name: | | | | Date of Birth: | | |
| Phone Number: | | | Relationship to 1st Person: | | | |
| Email: | | | | | | |
| **Emergency contact details** | | | | | | |
| Name: | | | Phone Number: | | | |
| Relationship to applicant: | | | | | | |
| **SECTION B: Referrer details:** | | | | | | |
| Full Name: | Contact Number: | | | | | |
| Agency: | Email Address: | | | | | |
| Details of other agencies having contact with this person: | | | | | | |
| **Preferred Contact for initial Meeting** | | **Person 1** € | | | **Person 2** € | **Referrer** € |
|  | | | | | | |

**PLEASE TURN OVER**

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| **SECTION C: Current situation** | | |
| Please provide a short summary of the support needed and reason for the referral: | | |
| **SECTION D: Declarations – Person(s) in need of Support** | | |
| I (we) understand that by submitting this form we are applying to be considered for the Triple P parenting programme hosted by The Door. I (we) are aware of this referral and understand the need to commit to support and participate in the course as fully as possible.  I (we) agree to The Door storing and processing my personal data in connection with my support, to preserve my safety and the safety of others. For full details of The Door’s privacy policy, please see **thedoor.org.uk/privacy**  Person 1: Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Person 2 Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Referrer:** | | |
| Have you spoken to a member of The Door team about this referral? If so who? | |  |
| I confirm I have read the Family Support Service Guidelines (available at thedoor.org.uk)  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **SECTION E: Donation** | | |
| As a charity, funding for our services relies on income from fundraising and generous donations.  If you are able and would like to make a financial contribution towards this support (suggested donation £50) please do consider donating at thedoor.org.uk/donate or if you would prefer to donate or make a payment in another way please get in touch with the team on 01453 756745  This will in no way affect the support you receive from our friendly and dedicated team. | | |
| **SECTION E: Monitoring** | | |
| Where did you find this form? |  | |
| **Please return this form to The Door Administration Team at any of the addresses below**  **Egress emails should be directed to info@thedoor.org.uk** | | |