

Parent/Carer Registration form 2025 - 2026

Families Feeling Safe

Supporting parents with Protective Behaviours

Course code or area:



CONFIDENTIAL

PLEASE COMPLETE ALL BOXES

Referrer:	School/School family worker <input type="checkbox"/>	Health <input type="checkbox"/>		
	Family Centre <input type="checkbox"/>	Probation <input type="checkbox"/>		
	Intensive Family Support Team <input type="checkbox"/>	Children's Services/Social Worker <input type="checkbox"/>		
	Other <input type="checkbox"/> please specify			
Referrer's contact details:	Name:	Email:		
	Tel. No.			
Parent details:	How you heard about the course			
Parent address:	Email:			
Post code:	Ok to call? yes <input type="checkbox"/> no <input type="checkbox"/>			
Tel no(s):	OK to leave a message? yes <input type="checkbox"/> no <input type="checkbox"/>			
	Male (M) or Female (F)	First name:	Last name:	Ethnicity: <small>please use a number from the list below</small>
Parent/Carer 1				
Parent/Carer 2				
How many children do you have? <input type="text"/>		Age of child/ren? <input type="text"/>		
Do any of your children have Special Educational needs, a registered disability or learning disability? yes <input type="checkbox"/> no <input type="checkbox"/>				
If yes, how many of your children? <input type="text"/> Do they have an EHCP? yes <input type="checkbox"/> no <input type="checkbox"/>				
Level of Need:	Families First Assessment <input type="checkbox"/>	Child in Need <input type="checkbox"/>	Child Protection <input type="checkbox"/>	
Other (please specify) <input style="width: 400px;" type="text"/>				
Ethnicity Details:				
White	White British 1	White Irish 2	Traveller of Irish heritage 3	Gypsy/Roma 4
Black or Black British	Caribbean 6	African 7	Any other Black background 8	
Asian or Asian British	Indian 9	Pakistani 10	Bangladeshi 11	Any other Asian background 12
Mixed/Dual Background	White & Black Caribbean 14	White & Black African 15	White & Asian 16	Any other mixed background 17
Other	Any other ethnic group 18			
Your Religion:				
Christian <input type="checkbox"/>	Buddhist <input type="checkbox"/>	Hindu <input type="checkbox"/>	Jewish <input type="checkbox"/>	Sikh <input type="checkbox"/>
				Islam <input type="checkbox"/>
No religion <input type="checkbox"/>		Other <input type="checkbox"/>		Prefer not to say <input type="checkbox"/>
Your Gender:				
Female <input type="checkbox"/>	Male <input type="checkbox"/>	Non-binary <input type="checkbox"/>	Other <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

Parent information:	
To enable us to provide a safe and appropriate service to best meet the individual needs of parents and carers, please provide the information below:	
Is an interpreter needed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details:	
Are there any specific learning needs eg learning difficulties, dyslexia? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details:	
Are there any mental or physical health issues or registered disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details:	
Are there any other needs eg, health, accessibility, allergies that we we need to know about? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details:	
Are there any risk factors that may affect the parent/carer, other group members or facilitators? Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> If yes please provide details:	
Please let us know if there have been other services involved in the last 12 months? eg social worker, health (health visitor, GP, CPN), Children's Centre, School Family worker or other agency (Home-start etc)	
Eligibility to attend the course:	What specific changes would you like to see from attending this course, for you, your children and/or your family? Please provide details.
Other information:	Is there anything you would like the facilitators to know before attending?

CONSENT:

Referrers:

Please tick to confirm parent/carer has consented to this referral

If possible please email this registration form securely via HertsFX to the address shown below.

Parent/Carers please see below:

Our funders, **Hertfordshire County Council (HCC)**, may contact you to see your views and feedback on the course that you have attended using a short survey via email. The purpose of this feedback is to ensure that they are providing the right support to families and your assistance is greatly appreciated.

If you are willing to be contacted by HCC please provide your email address below:

Email:

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Families Feeling Safe is providing this course. If you would like to be informed about other groups and workshops run by our service please tick the box below and we will add you to our mailing list. Your details will not be shared with any other organisation.

Yes please, I would like to be added to the mailing list.

Email:

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Emailing your form:

Please email the completed registration form to the designated person taking the bookings (website and posters will state who this is).

Please send registration forms securely by HertsFX where possible to enquiries@familiesfeelingsafe.co.uk

Please include the course code at the top of this form. Thank you

