Babies Matter Transition to Parenthood Programme

 Initial Referral to Babies Matter Transition to Parenthood Programme

# Before completing please ensure family meets the criteria (see Babies Matter Criteria)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  |  | Relationship with child/ren |  |
| Address |  |  |
| Postcode |  |  | Contact Number |  |
| E-mail Address |  |  |
| Number of children |  |  | Ages of children |  |
| No. of weeksPregnant/or age of baby |  |  | Due Date/Birth date |  |
| Referrers Name |  |  |
| Referrers Job Title |  |  |
| Referrers Contact Numbers |  |
| Parent would most like help with… |  |
|  Parent/Carer agrees topre-programme home visit | Yes | No |

*Data Protection: The information on this form will be stored electronically/hard copy and used to contact the family detailed for the purpose of accessing the Babies Matter Parenting Programme. Information may be shared with the referrer, for ongoing support, and for their monitoring.*

*It is our legal obligation to share information with other professionals if we feel you or your children’s safety is at risk. All data will be kept in accordance with the Data Protection Act 1998 and you have the right to access any information we hold on you or your children.*

Consent to contact parent

|  |  |  |
| --- | --- | --- |
| Parent gives consent to be contacted by Kids Matter group facilitator | Yes | No |
| Date |  |

# Please email this form to: Lynette Woodward: familysupport@oakgrovecommunitychurch.co.uk

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