

**Triple P Group referral form:**

Date of Referral:

Parent/carers name/s:

Name of referrer & relationship to family:

Agency:

Location of Group:

**Note to referrers: We will send a letter out to parents to confirm their place on the course, but it is the referrer's responsibility to encourage parents to attend.**

**Child/Children's information**

Name/s & age:

Does child have a CP/ CIN, CAF, ASSET in place? Yes / No

If yes, please state which:

Does your child have Special Educational Needs or a disability? Yes / No

If yes, please give brief details:

Name of any professional involved with child/family:

**Attendee information**

Who will attend the group & their relationship to child/children:

Contact number:

Address:

**If a parent has referred themselves**

How did they hear about the group?

Could you let us know if you have any additional requirements regarding access to the venue, British Sign Language, language interpreter or any dietary requirements.

Please send completed forms to [claire.turner@wiltshire.gov.uk](mailto:claire.turner@wiltshire.gov.uk)

See over for further details.

### **Mutual agreement between referrers, parents and facilitators**

For the groups to run as smoothly as possible, and for parents to get the very best experience they can, please note the following:

**As facilitators**, we will make sure we are on time, we will supply refreshments and contact parents by letter to confirm their place on the course. Unfortunately, we cannot provide childcare or transport.

**As a referrer**, we ask that you outline to those who you are referring the importance of the following;

That the group will close to parents after Session One and we cannot accept them on to the rest of the programme.

That you support the parent to commit to and attend every session.

**As a parent**, please try and make sure you are on time, that you inform the facilitator if you cannot make a session and that you organise your own child care and travel arrangements.

Thank you.