

Home School Links Application Form

Parenting Team
Ael-Y-Bryn,
26 Spruce Tree Grove,
Gurnos Estate
Merthyr Tydfil.
CF47 9AU

Family Details							
Parent/Carer 1				Parent/Carer 2			
Name:				Name:			
Relationship to child:				Relationship to child:			
Address:				Address:			
Telephone No:			Mobile No:			Telephone No:	Mobile No:
Are parents subject to a parenting order?				Lone parent family?:			
Yes	No	If yes: Education Crime		Yes	No		
Is childcare required?				Yes No			
Name(s) of child/children requiring crèche				DOB:	Gender: M/F		
1:				1:	1:		
2:				2:	2:		
3:				3:	3:		
4:				4:	4:		
Is transport required? Yes No							
Does the family have any other specific additional support / communication/ literacy needs? Yes No							
If Yes to above then please give details:							
Referrer Details							
Referrer Name:				Date of Referral:			
Agency Name & Address:				How did you hear about us?			
Contact Telephone:							

Information			
Areas of concern relating to referral:		(please relate to the referral criteria)	
What changes would you like to see as a result of attending the Home School Links Programme? (please could you tick all that apply but also star <u>one</u> most relevant)			
1	To Increase Confidence in Parenting Skills		
2	To strengthen family unit by improving family relationships		
3	Less anger, shouting and arguments within the family		
4	To improve family communication		
5	To improve my listening skills		
6	To have more quality time on my own and as a family		
7	To increase my child's confidence		
8	To become a more confident adult and improve my adult relationships i.e. partner		
9	To become more assertive		
10	To increase behaviour boundaries and discipline in my family		
11	To have family life balance with good routines		
12	Other (please specify):		
Client Consent			
<p>We/i agree to this referral to the Home School Links Programme, and that the information on this form may be shared with and stored by the programme administration. We/I understand that we/I will not be identified in any data analysis for reports.</p> <p>Parent/Carer 1 Signature: _____</p> <p>Parent/Carer 2 Signature: _____</p> <p>Date: _____</p>			
OFFICE USE ONLY			
Referral No:		Date received:	
Letter sent to Referrer		Letter sent to Family:	
Referral Status:	Notes:		