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| **Parenting Group Booking Form**  |
| Name(s) of parent/carer and partner (and dates of birth) |  |
| Name of the group you wish to attend |  |
| Address |  |
| Telephone number(s) |  |
| Email address |  |
| Parent’s Ethnicity  |  |
| How did you hear about the course |  |
| Child/rens details |
| Name of child | 1) | 2) | 3) |
| Date of birth |  |  |  |
| Any known disabilities |  |  |  |
| Ethnicity |  |  |  |
|  |  |  |  |
| Name of child | 4) | 5) | 6) |
| Date of birth |  |  |  |
| Any known disabilities |  |  |  |
| Ethnicity |  |  |  |

I/We consent to the Family Resilience Service contacting other agencies who may have knowledge of me/us or my/our children so that they can carry out an assessment and plan services for our family.

I/We understand that the Family Resilience Service will record information about the work they do with the family. The information I give is confidential to the Family Resilience Service. Information about me will be shared without my consent only if the information suggests a person is at risk or to prevent a crime being committed. (My Family Resilience worker will tell me they are going to do this if they possibly can.)

I agree that information about me may be shared with other professionals and organisations where it is in the best interest of me and my family and is necessary to achieve better outcomes.

Name (in capitals)…………………………………………………………………….

 Signature (electronic)…………………………………………………………………

Date………………………………………………………………………………….....

****Please return to parentinggroups@buckscc.gov.uk

**CHILDCARE** FOR CHILDREN UNDER THE AGE OF **4** CAN BE PROVIDED UNDER CERTAIN CIRCUMSTANCES. IF THIS IS REQUIRED PLEASE CALL 01296382412 TO DISCUSS.