



Parenting & Family Learning Team Application Form

Agencies or Services can register families or families can register themselves

For more information on opportunities available, please go to our website

www.pkc.gov.uk/parenting

Family Information:

Parent /Carer Name:		Male		Female		Non-Binary		Prefer not to say	
Address:									
Postcode:									
Phone Number:									
Email Address:									
Preferred Contact	Email:		Phone:		Text:				

Childs Name	Date of Birth	Male/Female	School/Nursery
For more children please add to 'information required' section			

Agency details: (if appropriate)

Referrer				
Job Title				
Service				
Phone No				
Email				
Date of application				
Has referral been discussed with family?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Referral is for:				
Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Both
Other Carer			Relationship	

Self-Referred				
Tell us how you heard about us (please tick)				
Recommendation	<input type="checkbox"/>	Internet	<input type="checkbox"/>	Referral
Social Media	<input type="checkbox"/>	Website	<input type="checkbox"/>	Other
Recommended by a friend	<input type="checkbox"/>	Recommended by a professional		<input type="checkbox"/>

Information required:

Please identify what support is required.	
Any other information or comments (including other services involved with the family):	

Key criteria:

Please identify the factors present within the family	Young Parent (under 25)	
	Travelling Family	
	Socially Excluded	
	Physical Health	
	Minority Ethnic Family	
	Mental Health (including post-natal depression, stress & anxiety – parent or child)	
	Wellbeing Concerns (behavioural, emotional, nutrition, isolation – parent or child)	
	Low Income	
	Looked after children or kinship care	
	Lone parent	
	Homeless or in temporary accommodation	
	Engaged in Criminal Justice System	
	Drug or alcohol abuse	
	Domestic abuse	
	Concerns of potential neglect	
Child protection		

Criteria for Infant Massage only:

Practitioners can refer parents and babies to an infant massage group if they are aware of :				✓
Referral for: Mother		Father		Both
Parents or carers who would benefit from increasing their confidence in parenting, bonding with and nurturing their baby				
Mothers/fathers experiencing postnatal depression or parents who would benefit from reducing the level of stress they are experiencing				
Concerns about the baby’s circulation or digestion, including colic and constipation				
A baby experiencing anxiety or emotional distress, including prolonged crying or poor sleep routines				
A baby born prematurely or concerns about the growth of the baby				
A baby with disabilities who would benefit from improving muscle tone				
Parents experiencing challenges as a result of their disability or sensory impairment				

<p>Contact details:</p> <p>Parenting & Family Learning Team Balhousie Primary School Dunkeld Road, Perth PH1 5DH Phone: 01738 477697 Email: Parenting@pkc.gov.uk</p>	<p>How We Use Your Personal Information</p> <p>The information provided by you will be used by Perth & Kinross Council to inform reports and evaluate practice. The information will not be disclosed to third parties. The Council may check information provided by you, information about you provided by a third party, with other information from certain third parties or share your information with them in order to verify its accuracy, prevent or detect crime, protect public funds or where required by law.</p> <p>For further information, please look at our website www.pkc.gov.uk/dataprotection or email DataProtection@pkc.gov.uk or telephone 01738 477933</p>
--	---