

# 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

Family Inform	nation:									
Parent /Carer Name:			Ma	ile	Female	Noi	n-Binary	Pref	fer not to say	
Address:										
Postcode:										
Phone Number:										
Email Address:										
Preferred Contact	Email:		Ph	one:			Text	:		
		'					<b>'</b>			
Childs Name	Childs Name Date			Birth Male/Female			School/Nursery			
For more children pl	ease add	to 'inform	ation requir	ed' sed	tion					
Agency detail	s: (if app	oropriate	<del>2</del> )							
Referrer										
Job Title										
Service										
Phone No										
Email										
Date of application				-0			W			
Has referral		cussea v	vith family	<u>/?</u>			Yes	N	0	
Referral is fo	or:	Foth	~ "				Doth			
Mother Coror		Fath	er		Dolotio		Both			
Other Carer					Relation	nsnip				
Self-Referre	ed (not a	pplicable	e to Infan	t Mass	age)					
Tell us how										
Recommen			Internet				Referral			
Social Medi	а		Website				Other			
Recommen	ded by a	friend		Re	commen	ded by a	a profess	ional		
Information r	equired:									
Please identify	what sup	oport is								
required.										
Any other info										
comments (inc										
services involv	ed with t	he family)	:							

### Key criteria:

Please identify the	Young Parent (under 25)			
factors present within	Travelling Family			
the 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 of 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						

## Contact details:

Parenting & Family Learning Team Balhousie Primary School Dunkeld Road, Perth PH1 5DH Phone: 01738 477697

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Email: Parenting@pkc.gov.uk

### **How We Use Your Personal Information**

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.

For further information, please look at our website

<u>www.pkc.gov.uk/dataprotection</u> or email <u>DataProtection@pkc.gov.uk</u> or telephone 01738 477933