



THE MINISTRY OF PARENTING

PROMOTING CREATIVITY IN PARENTING SUPPORT A COMMUNITY INTEREST COMPANY

APPLICATION FORM

THANK YOU FOR YOUR INTEREST IN THE MINISTRY OF PARENTING (CIC).

WE OFFER A RANGE OF PARENTING PROGRAMMES ACROSS THE COUNTY.

WE TRY TO PLAN THE GROUPS IN ADVANCE; HOWEVER THESE ARE CHANGEABLE DEPENDANT ON DEMAND. THEREFORE, IF THE GROUP YOU WANT TO ATTEND IS NOT CURRENTLY ACCESSIBLE WE WILL PLACE YOUR NAME ON A WAITING LIST AND NOTIFY YOU WHEN THE NEXT PLACE IS AVAILABLE.

DATE:

PLEASE STATE WHICH GROUP YOU ARE REFERRING TO: (REFER TO ATTACHED LIST)

If you are not sure, please tick here

Please fill in all fields marked with a (*) and as much other information as possible.

PARENT OR CARERS DETAILS:

* Name:

* Telephone:

Mobile:

* Address:

Postcode:

Email:

MARITAL STATUS:

Married Divorced Separated Living with partner Single Other

What is your relationship to the child?

* Do you live with the child?

Full time

has contact

not at all

other

Would you be coming to the group:

Alone

with partner

with friend

other

CHILD'S DETAILS:

* Name

* Male

* Female

* Date of Birth:

* Education Status:

Nursery

Primary

Secondary

other – please specify

* Please Name School/Nursery attending:

* Main concerns:



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SIBLING DETAILS: * Please list all the children are you responsible for:

1 Name: _____ Age: _____ Female Male

2 Name: _____ Age: _____ Female Male

3 Name: _____ Age: _____ Female Male

4 Name: _____ Age: _____ Female Male

5 Name: _____ Age: _____ Female Male

If more please continue on separate sheet.

Are you in contact with any other groups or organisations? Yes No

NAME OF GP:

Telephone _____ Mob _____

Email _____

Address _____

NAME OF HEALTH VISITOR:

Telephone _____ Mob _____

Email _____

Address _____

NAME OF CAMHS WORKER:

Telephone _____ Mob _____

Email _____

Address _____

NAME OF SOCIAL WORKER:

Telephone _____ Mob _____

Email _____

Address _____

Is there any further information that you think will be helpful to the group leaders/facilitators including any concerns regarding the children:

* How did you hear about The Ministry of Parenting (CIC)?

Friend Relative Radio Magazine Newspaper Other

Please return completed application forms to: **The Ministry of Parenting (CIC)**, Unit 7, Colchester Business Centre, 1 George Williams Way, Colchester, Essex, CO1 2JS Telephone: 01206 562626 Email: info@theministryofparenting.com

When we have received your completed application form, we will be in touch.