Parent House Referral Form for Referrers

**Background informtion**

Referring Organisation

|  |  |
| --- | --- |
| Organisation name: |  |
| Contact name: |  |
| Contact position/role: |  |
| Contact email address: |  |
| Contact phone number: |  |

Parent’s Details

|  |  |
| --- | --- |
| Contact name: |  |
| Contact email address: |  |
| Contact phone number: |  |
| **OFFICE ONLY:** |  |
| Is the parent happy to be added to TPH’s mailing list? | [Yes / No] |

(We need this information for funding purposes. All information will remain confidential)

**Eligibility**

The following will be the only criteria used to assess the application. We request that the Referring Organisation check the eligibility criteria below:

|  |  |
| --- | --- |
| Please confirm that the person being referred is: | [Yes / No] |
| A Parent/Grandparent or Carer |  |
| Living/working in Islington or has a child in an Islington School |  |

**Reason for referral**

Note: the below answers are not eligibility criteria, but will help The Parent House understand the needs of its clients, and demonstrate the benefit to our funders and other partners.

|  |
| --- |
| Please give details about the type of support the parent is looking for, and how you think we could support them. For eg a wanting a volunteer mentor, courses, volunteering opportunities. |