

## Triple P Parenting Programme Referral Form

This form is simply for referring parents of teens onto a Triple P Course.  
All other referrals should use The Door's 'Family Support Referral Form'

This form is for **professionals** only and should **not** be completed by individuals. Forms for individuals can be found in the 'For Young People' and 'For Families' section of [thedor.org.uk](http://thedor.org.uk)

### SECTION A: Details of the person in need of support:

Name:	Date of Birth:
Address:	
	Postcode:
Home Phone:	Mobile Phone:
Email:	

### Emergency contact details

Name:	Phone Number:
Relationship to applicant:	

### Details of second person being referred (if applicable)

Name:	Date of Birth:
Phone Number:	Relationship to 1 <sup>st</sup> Person:
Email:	

### Emergency contact details

Name:	Phone Number:
Relationship to applicant:	

<b>Preferred contact for initial meeting:</b>	
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### SECTION B: Referrer details:

Agency:	Contact Number:
Email Address:	
Details of other agencies having contact with this person:	

**SECTION C: Current situation**

Please provide a short summary of the support needed and reason for the referral:

**PLEASE NOTE ALL INFORMATION IS REQUIRED TO MAKE A REFERRAL****SECTION D: Declarations – Person in need of Support**

I (we) understand that by submitting this form we are applying to be considered for the Triple P parenting programme hosted by The Door. I (we) are aware of this referral and understand the need to commit to support and participate in the course as fully as possible.

Person 1: Signed: \_\_\_\_\_

Person 2 Signed: \_\_\_\_\_

I agree to The Door storing and processing my personal data in connection with my support, to preserve my safety and the safety of others. For full details of The Door's privacy policy, please see [thedoor.org.uk/privacy](http://thedoor.org.uk/privacy)

Person 1: Signed: \_\_\_\_\_ Name (printed) \_\_\_\_\_

Person 2 Signed: \_\_\_\_\_ Name (printed) \_\_\_\_\_

Date: \_\_\_\_\_

**Referrer**

I confirm I have read the Family Support Service Guidelines (available at [thedoor.org.uk](http://thedoor.org.uk))

Signed: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

**Please return this form to The Door Administration Team at any of the addresses below  
Egress emails should be directed to [info@thedoor.org.uk](mailto:info@thedoor.org.uk)**