

Referral to the Love and Limits parent group programme for parents/carers of teenagers who present with challenging behaviour (aged 12-16)

Please give details of parent(s) or carer(s) who would like to attend the Brandon Centre's Parenting Group.

| Parent / Guardian (1) | | | |
|----------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------|--|
| First Name | | Surname | |
| Relationship to the child | | | |
| Telephone number(s) | | | |
| Email | | | |
| Address | | | |
| Would you consider yourself to have any disabilities: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Parent / Guardian (2) | | | |
| First Name | | Surname | |
| Relationship to the child | | | |
| Telephone number(s) <i>(if different from above)</i> | | | |
| Email <i>(if different from above)</i> | | | |
| Address <i>(if different from above)</i> | | | |
| Would you consider yourself to have any disabilities: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Service | Camden <input type="checkbox"/> | Islington <input type="checkbox"/> | |

Please give details of young person concerned.

| Young Person Details | |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Name of young person: | Date of Birth DD / MM / RRRR |
| Ethnicity | |
| Sex | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other |
| Address (if different from above) | |
| Telephone number(s) (if different from above) | |
| GP details | |
| How did the parent/s hear about the Brandon Centre? | |
| Reason for referral: | |
| Are there any other services who are involved i.e. – Social Care, CAMHS | |

If other service involved, please state their details below:

| | |
|-----------------------------------------|--|
| Full name of professional and job title | |
| Professional's Contact Number(s) | |

Do you have any objections to us contacting your GP or other services involved: yes no

if yes, which services do you object to us contacting? _____

Please note that in exceptional circumstances, we may have to contact other professionals regardless of objections if there is a need to safeguard any person or the general public.

When groups commence, we have x2 sessions running. If known, please tick the parent's preference.

| | |
|---------------------------------------------------|--------------------------|
| Mornings (morning group subject to demand) | <input type="checkbox"/> |
| Evenings | <input type="checkbox"/> |

(Dates/times to be confirmed in due course).

The above-named individuals are aware they will be contacted by the Brandon Centre when places are available in a Parenting Group.

Are there, currently, any concerns around threats or acts of physical aggression / violence from the teenager towards any members of the household?

yes no

If yes, please provide further details below:

| | | |
|-------------------|-------------------|----------------|
| Signed: | Date | DD / MM / RRRR |
| Name of referrer: | Telephone Number: | |
| Address: | | |

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