

For office use only	
Date request received:	Allocated to:
Action:	

## The RISE Trust Course interest form



Please send the completed form to [courseadmin@therisetrust.org](mailto:courseadmin@therisetrust.org) For outreach, please complete our Outreach Introduction Form  
 This form is password protected. Please ring 01249 464008 if you have not been sent the password already.

### 1) Details of person completing this form (if not the parent/carer)

Name:	Job Role:
Organisation/setting name:	Email address:
Contact landline:	Contact mobile:

### 2) Parent/carer details

Self-Referral Y/N		Where did you hear about the service?	
Forename		Surname	
Contact telephone		DOB	
Family address			
Email address			

### 3) Children (please supply details of under 5s)

Forename	Surname	DOB	Gender

**4) Course required and reasons why**

Please indicate preference for virtual or face2face or either

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**5) Additional family details (please tick relevant boxes)**

	Yes	No
Disability, health or any special needs (adult or child)	<input type="checkbox"/>	<input type="checkbox"/>
Training or employment	<input type="checkbox"/>	<input type="checkbox"/>
Housing/temporary accommodation	<input type="checkbox"/>	<input type="checkbox"/>
Young person	<input type="checkbox"/>	<input type="checkbox"/>
Parenting	<input type="checkbox"/>	<input type="checkbox"/>
Community (armed forces, rural isolation, traveller)	<input type="checkbox"/>	<input type="checkbox"/>
Relationships	<input type="checkbox"/>	<input type="checkbox"/>
Benefits and/or financial difficulties	<input type="checkbox"/>	<input type="checkbox"/>
Parental imprisonment	<input type="checkbox"/>	<input type="checkbox"/>

**6) Any other relevant information** (please include any particular health and safety issues or potential risks which staff should be aware of).

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**We must have signed client consent before interest form can be actioned.**

Has the family agreed to this request and are aware that this information will be kept confidential in accordance with the Data Protection Act 2018

Yes                      No

You may withdraw this consent at any time in writing.

Signature of parent:	
Date:	

Signature of referrer:	
Date:	

The children's centre will keep your information securely in accordance with the Data Protection Act 2018. You may, of course, view this information. To do so, please ask the centre lead.

The children's centre will not normally share your information with other agencies without your consent. However, if we have serious concerns that a child/children or a parent is at risk of serious harm we may have a duty to share your information with other agencies without your consent as part of our duty of care.

For our most up-to-date Privacy Notices please go to [www.therisetrust.org](http://www.therisetrust.org)