



## Parent Education Groups - Application Form

Please note this is an application form, and does not mean you have been registered for a group / seminar. You will be contacted by Bethany's Parent Education staff to confirm your registration.

**Ensure you complete and return all 5 pages of the application and consent forms.**

**Name of Program**

**Program start date and time**

<i>(Example only)</i> Building Connections	<i>(Example only)</i> Mon 1 September 9.30-12.30
Program 1	
Program 2	

**Check that you are available to commit to all dates/times for this group. Groups are not suitable for children and childcare is not available.**

Your first name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: M / F

Address: \_\_\_\_\_

\_\_\_\_\_ Post code: \_\_\_\_\_

Phone: \_\_\_\_\_ (mobile) \_\_\_\_\_ (landline)

Country of birth: \_\_\_\_\_

Former partner/s name: \_\_\_\_\_

Former partner/s name: \_\_\_\_\_

Please list all former partners with whom you have children in your care



**Details of your children:**

please circle

First name: \_\_\_\_\_ Last name \_\_\_\_\_ D.O.B \_\_\_\_\_ M/F

First name: \_\_\_\_\_ Last name \_\_\_\_\_ D.O.B \_\_\_\_\_ M/F

First name: \_\_\_\_\_ Last name \_\_\_\_\_ D.O.B \_\_\_\_\_ M/F

First name: \_\_\_\_\_ Last name \_\_\_\_\_ D.O.B \_\_\_\_\_ M/F

First name: \_\_\_\_\_ Last name \_\_\_\_\_ D.O.B \_\_\_\_\_ M/F

First name: \_\_\_\_\_ Last name \_\_\_\_\_ D.O.B \_\_\_\_\_ M/F

**Please provide some additional information to assist us in completing your registration**

**CURRENT SITUATION**

Briefly describe your current family situation and why you are interested in this group. If you are separated please indicate approximately how long for and also if you have re-partnered, and have step children in your care.

If separated, or not with your children, please describe the current access arrangements.

Have you been court ordered to attend any parenting groups? YES NO  
Please check the order and provide any specific wording regarding the parenting requirements?



Do you have any health conditions that could impact on your attendance at the group, including any medications?

Are you currently involved with any other Bethany programs or other community services?

Services: \_\_\_\_\_ Worker name: \_\_\_\_\_ Phone number: \_\_\_\_\_

I consent to Bethany Parent Education staff contacting these professionals if required, to determine which group might be most suitable for me.

**GOALS:** for evaluation purposes we are hoping to check in with you before and after the programs to see how you have progressed and how we can best support your needs/goals.

**Program 1**

- How are you hoping the program/s you have chosen will help you? What are you hoping to get out of the program/s?

- Pick **ONE** of the following areas as your goal (circle one)

Increase my knowledge and access to information	Develop skills	Work on behaviours	Increase confidence
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In consideration of this goal, please rate **where you are at now**;

Not at all confident	1	2	2	4	5	extremely confident
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**Program 2** (if applicable)

- How are you hoping the program/s you have chosen will help you? What are you hoping to get out of the program/s?

- Pick **ONE** of the following areas as your goal (circle one)

Increase my knowledge and access to information	Develop skills	Work on behaviours	Increase confidence
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In consideration of this goal, please rate **where you are at now** ;

Not at all confident	1	2	2	4	5	extremely confident
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