

PARENT / CARER REGISTRATION FORM

The Parent / Carer Network is available to any parent or carer of a young person in Bexley who is up to 24 years old and provides support with any concerns the parent / carer may have for the young person they are caring for.

Please complete this form to enable us to assess what is required and the resources needed to support the parent / carer. Please note: the parent or carer must be aware and in agreement to their referral to the Bexley Mooring Project for us to be able to proceed.

Name of Parent / Carer			
Address:			
Postcode:			
Home Tel:		Mobile No:	
Parent / Carer Email Address:			

Composition of Household

Name	Age	Relationship to Parent / Carer

Name of young person the parent / carer has concerns about	
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Please identify 3 top concerns from the following: mental health, school behaviours, peer group, drugs, knife crime, gangs, financial worries, social media, exploitation, helping your child make choices

For monitoring purposes, please complete the following regarding the makeup of your family unit:

Ethnicity:	Number of People:	Ages:
Asian/Asian British - Indian		
Asian/Asian British - Pakistani		
Asian/Asian British - Bangladeshi		
Asian/Asian British - Chinese		
Asian/Asian British – any other Asian background		
Black/Black British - African		
Black/Black British - Caribbean		
Black/Black British – any other black background		
Mixed Heritage – White/Black African		
Mixed Heritage – White/Black Caribbean		
Mixed Heritage – White and Asian		
Mixed Heritage – any other ethnic background		
White: British		
White: Irish		
White: Gypsy, Traveller		
White: any other white background		
Other Ethnic Group: Arab		
Other Ethnic Group:		
Prefer not to say		

Gender:	Number of People:	Ages:
Male		
Female		
Non-Binary		
Intersex		
Queer		
Trans Man		
Trans Woman		
Other		
Prefer Not to Say		

Family Set Up:	Please tick
Single parent/carer household	
Multiple parent/carer household	
Household with 1 child	
Household with 2/3 children	
Household with 4+ children	

Religion:	Number of People:	Ages:
Atheist		
Buddhist		
Christian (all denominations)		
Hindu		
Jewish		
Muslim		
Sikh		
Other		

None		
Prefer not to say		

Physical and Assessed Needs	Number of People:	Ages:
Physical disability		
SEMH Needs		
SEND		
SLCN		
Other		