

# Bromley Children Project

## Webinar Referral

Anyone referring parents for courses must complete this form with them before submitting it



### Section One

FIRST NAME	LAST NAME	DOB	ADDRESS

Mobile

Landline

Email

### Section Two

Does the person in section 1 give us permission to contact them using the details given in relation to this, or any other connected course run by Bromley EIFS?

YES

NO

☐☐

Do they have access to the internet and a device through which they can access the session?

☐☐

Are there any language or additional needs that might affect their interaction with the session? If yes please put further information below

☐☐

Do they have a safe, quiet space to watch the session?

☐☐

### Section Three

Please tick the boxes if they are interested in ☒

If you know the name of a specific course please enter it in the box opposite.

One off webinar Seminar.

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Online workshops over a number of weeks.

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Post COVID-19 parenting courses

☐

\*Separate parenting referral form will be required but we will note expression of interest

Please give a brief outline of what the person named in section one would hope to gain from joining a webinar or workshop.

Referrer:

Name

Agency

Contact details