## LIFE STORY BOOK WORKSHOPS: Adopter referral form

The life story book workshops are designed for use with both practitioners and adopters and the overall aim is the production of high quality life story books for adopted children. **Priority of places is given to adopters who already have a child placed with them.**

Please send the completed referral form to [coram-adoption-support@coram.org.uk](mailto:coram-adoption-support@coram.org.uk)

All places are allocated on a first come first served basis.

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| **HOW MANY PLACES ARE REQUIRED ON THE COURSE?** | | | | | | |
| PLACES REQUIRED 1  2 | | | | | | |
| **LOCATION** | | | | | | |
| BIRMINGHAM | | BRIDGWATER | | NEWCASTLE | REDBRIDGE | CAMBRIDGE |
| SEPTEMBER 18TH | | SEPTEMBER 25TH | | OCTOBER 9TH | OCTOBER 19TH | JANUARY 21ST |
| **PARENT 1** | | | | | | |
| FULL NAME |  | | | | | |
| GENDER | Male Female  Transgender Other | | | | | |
| ETHNICITY | White British  Mixed (any mixed background)  Other White  Asian or Asian British  Black or Black British  Chinese Other ethnic group  Do not wish to say | | | | | |
| SEXUAL ORIENTATION | Heterosexual  Gay  Bisexual  Do not wish to say | | | | | |
| RELIGION | Christian Muslim Hindu  Jewish  Sikh Other religion Agnostic/atheist  Do not wish to say | | | | | |
| **PARENT 2 (ONLY COMPLETE IF YOU INTEND ON TAKING PART IN THE WORKSHOP)** | | | | | | |
| FULL NAME |  | | | | | |
| GENDER | Male Female  Transgender Other | | | | | |
| ETHNICITY | White British  Mixed (any mixed background)  Other White  Asian or Asian British  Black or Black British  Chinese Other ethnic group  Do not wish to say | | | | | |
| SEXUAL ORIENTATION | Heterosexual  Gay  Bisexual  Do not wish to say | | | | | |
| **PARENT CONTACT DETAILS** | | | | | | |
| ADDRESS | |  | | | | |
| EMAIL ADDRESS | |  | | | | |
| TEL NUMBER | |  | | | | |
| MOBILE NUMBER | |  | | | | |
| **DETAILS OF PERSON REFERRING (IF NOT PARENTS)** | | | | | | |
| DATE | | |  | | | |
| NAME OF REFERRING PERSON | | |  | | | |
| ORGANISATION | | |  | | | |
| TEL NUMBER | | |  | | | |
| EMAIL ADDRESS | | |  | | | |
| HAVE PARENTS GIVEN PERMISSION FOR THIS REFERRAL? | | |  | | | |

|  |  |  |  |  |  |
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| **ADOPTED CHILD/REN’S DETAILS** | | | | | |
|  | Child 1 | | Child 2 | Child 3 | Child 4 |
| NAME(S) |  | |  |  |  |
| DOB |  | |  |  |  |
| MALE/FEMALE |  | |  |  |  |
| ETHNICITY |  | |  |  |  |
| RELIGION |  | |  |  |  |
| ADOPTION ORDER GRANTED? |  | |  |  |  |
| YEARS PLACED WITH YOU |  | |  |  |  |
| **WHY DO YOU WANT TO ATTEND THE LIFE STORY BOOK WORKSHOP?** | | | | | |
| What are your motivations for attending this workshop? (Please tick all that apply)  Please describe any other motivations: | Improve confidence in using the life story book  Learn new skills to produce or update a book  Improve relationship with child  To network with other adopters | | | | |
| **WHERE DID YOU HEAR ABOUT THIS SERVICE?** | | | | | |
| LA Social Worker  Voluntary Sector Social Worker  Local Authority Newsletter  Coram Adoption Support Leaflet  Other (please specify) | | Coram Website  Coram email  Adoption Support Group  Friend/ Family Member | | | |