## 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

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 [ ]  |