



EDINBURGH GROUP TEEN TRIPLE P APPLICATION FORM

Date of Application: _____

Where did you hear about Teen Triple P?

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This application is for the Teen Triple P group running on:

Day and Date		Time	
Venue			

OR

This application is for the next Teen Triple P group in: *(mark suitable areas with an X)*

North (e.g. Pilton, Leith, Craighentiny)	East (e.g. Craigmillar, Portobello, Duddingston)	South (e.g. Gilmerton, Liberton, Morningside)	
South West (e.g. Wester Hailes, Oxfgangs, Currie)	West (e.g. Drumbrae, Kirkliston, Broomhouse)	Any area	

Relevant information about Parents/ Carers ability to attend the programme

Please include any day or time restrictions, any areas requiring support such as childcare, transport, literacy or language difficulties, etc.

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Parents/ Carers Details *(both can attend if they wish/ are able to):*

Name	1.	2.
Relationship to child		
Address		
Postcode		
Telephone		
Mobile		
Email		

Teen Triple P, Customer Resources Business Support

Level 5, 329 High Street, Edinburgh, EH1 1PN

Tel 0131 529 6700 Email supportingparentsandcarers@edinburgh.gcsx.gov.uk



Child's name	Date of Birth	Age	School
Child's Address <i>(If different from Parent/ Carer)</i>			
Other children's names <i>(This helps us understand the family structure)</i>	Date of Birth	Age	School/ Nursery

What reasons are there for applying for Group Teen Triple P?

Please list any relevant professionals who are involved with the family

Name	Organisation	Contact

Consent given by parent/ carer to contact listed professionals if relevant?

Yes

No

Referrer's Details (If not an application made by a parent/carer):

Name	
Job title	
Organisation	
Address	
E-mail address	
Telephone	

Are you able to support the parent to attend the initial sessions if required?

Yes

No

Please email to: supportingparentsandcarers@edinburgh.gcsx.gov.uk

Or post to 'Teen Triple P' at the address below-

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