

Primary Source of Referral

Are you a parent / guardian referring yourself to the service	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If you are a parent making this self-referral please fill in details on referral form overleaf
Public Health Nurse	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you know the name of your Public Health Nurse or the Health Centre in which she/he works please let us know	Name of PHN _____ Office _____

For Public Health Nurses and Other Professionals

Name		Organisation	
Role		Operational Area	
Phone		Email	
Relationship to family being referred			

I give consent to this referral being made to Lifestart Supporting Parents.

Parent's / Caregiver's signature _____

Date _____

NB: Referrers must ensure that parents/caregivers give their consent by signing this form before being forwarded to Lifestart Supporting Parents office.

Please send completed referral forms to:

The Manager, Lifestart Supporting Parents, Pearse Road, Co. Sligo.

Tel **071 913 8507 / 086 827 6055** Email **lifestartoffice@gmail.com**

All personal data is kept in accordance with Lifestart Supporting Parents' Data Protection Policies.



A Free Programme for All First Time Parents

The Growing Child Programme is a free, evidence-based programme, delivered by our team of trained Family Visitors to first time parents in their own homes throughout Leitrim, Sligo and West Cavan. This is a child-centred programme which provides a month-by-month guide to parents on how their child develops and grows from birth to three years. It is uniquely designed to support parents to create the best possible learning environment for their child to develop.

The programme is structured in such a way as to engage parents in child's learning and to inform and educate parents by providing them with the knowledge, information and developmental activities in an integrated sequence, appropriate for children as they grow, develop and learn. The information is brought to life in a stimulating and engaging way for parents through the effective demonstration of activities and conversations with their personal family visitor.

Other Supports We Provide

We also provide parenting programmes which can be delivered in a group or one-to-one in the family home or other setting in the community. We also provide more intensive support for families who may be experiencing some difficulties in particular areas. For example managing behaviour, routines, toilet learning or food and nutrition. This service is available to families with children up to five years of age. If you are a parent or another service seeking additional support, please contact us for more information.

The Growing Child Programme promotes:
Enhanced cognitive and language ability:
Improved behavioural, emotional and social development:
Improved physical health

How do Parents Sign up for the Growing Child Programme?

It's really simple!

You can use the form which is attached to the back of this information leaflet.

Fill in your details and pop it into an envelope, stamp it, and send it to the address on the form.

You can also speak with your Public Health Nurse who also has Lifestart Supporting Parents referral forms.

If you would like to call us on the number below, we will be happy to answer any questions you may have about the programme and our other services.

Contact Us;

Tel **071 913 8507 / 086 827 6055** Email **lifestartoffice@gmail.com**

Find us on Facebook **[Lifestartsupportingparents](#)** Web **www.lifestartsp.ie**

“Really enjoyed the programme, miss the visitor, she had a great interest in my child and my child misses her too!”

“Having someone independent/impartial who can be asked for advice and share worries - got reassurance, ideas from my visitor, someone who could problem solve with me.”

“The Family Visitor was easy to talk to and very kind, it was great to have visits in own home, face-to-face to ask any questions.”

Referral Form

Lifestart Supporting Parents

Date of Referral	_____ / _____ / _____
Parent / Guardian / Caregiver Name{s}	
Address	
Eircode	
Parent / Guardian Phone No	
Parent / Guardian Email	
Child's Name	
Child's Date of Birth	_____ / _____ / _____
Gender	M <input type="checkbox"/> F <input type="checkbox"/> Gender Neutral <input type="checkbox"/>
Are you (or the parent being referred) a first time parent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do parents need additional supports?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes to requiring additional supports, please state what these extra support needs are. Eg: Promoting Positive Behaviour, Attachment, Routines, Toilet Learning, Play, Nutrition, Safety, Speech and Language, Coping with Transition to School, Teen Parent or other supports - please name.	

For Office Use Only

Name of Family Visitor	Date started on programme	Declined programme	Unable to make contact