

# Strengthening Families Programme

## Application Form



To be submitted to:

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Site for Programme:

### Section A General Family Information

For Office Use Only:

Start Date:

End Date:

Graduation:

Booster Session:

Family Name:

Address:

Home Phone:

Mobile:

What is your ethnic or cultural background? Please circle

<u>White</u>	<u>Black or Black Irish</u>	<u>Chinese or Asian Irish</u>	<u>Other/Mixed Background. Details</u>
Irish	African	Chinese	
Irish Traveller	Any other black background	Any other Asian background	
Any other white background			



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## Section B Family Profile

Adults in the young person's life:

	Name	Are you the legal guardian?	Will you be Attending SFP (Yes/No)	Living with Teen/Access with Teen/No contact
Mother				
Father				
Others				

Teens & Children:

Please list all children and teens in the family and indicate which teen from this family will attend SFP, (continue on additional sheet if necessary):

Name	M/F	DOB	Age	Attending SFP(Y/N)

## Section C Agency Details

Primary Support (Appointed Link Person/Support Worker throughout SFP):

Agency Name:

Link Person:

Phone:

Email:



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Secondary Support Agency (to further support the family should the need arise or if Primary support person is unavailable)

Agency Name:

Link Person:

Phone:

Email:

Agencies/Schools/Supports involved with the family:

	Agency/Support	Reasons for Support	Frequency of Contact	Contact Person & Phone	Notification of Application to SFP
1.					
2.					
3.					
4.					
5.					

Is there an ongoing child protection case?

YES

NO

Are there current child protection concerns being investigated?

YES

NO

#### **Section D** **Family Needs**(continue on additional sheet if necessary)

What does the family hope to achieve through participation with SFP?

What are the current difficulties or behaviours which the family would like to work on through the programme?



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How does the teen feel about attending SFP?

Are there any obstacles or barriers which could prevent the family from fully participating on this 14 week evening programme? (e.g. other commitments, courses, travel, etc). If Yes, please give details:

Would the family need additional supports to participate? E.g childcare support/transport Yes/No  
If Yes, Please give details.

Have the parents attended other parenting/family/skills courses? If Yes, please give years attended and whether completed or not:

**Section E Other Information** (continue on additional sheet if necessary)

Please detail medical, or other particular information regarding parents/teens/children applying to SFP: (physical, learning difficulties, mental health concerns, addictions, allergies, **feuding** etc):

Please note that we often recruit group leaders for the programme from local communities and families may know group leaders, either personally or professionally. Does the family see any difficulty with this? Yes (please detail) No



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Please list any medication, medically prescribed, to a family member wishing to attend SFP:

- Which may impact on behavior during SFP :
- That may need to be taken during SFP:

Is there any further information the family feel is relevant to their application? Please include.

## **Section F Agreement and Consent**

Link Person:

I understand and agree to support this family throughout SFP, and fulfil the responsibilities of the Link Person in so far as possible.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parental & Family Consent (Parent/Legal Guardian to sign):

I/We understand the details of the Strengthening Families Programme and I/we consent for my/our family to take part in this programme over 14 weeks. I/We also understand that ongoing contact will be made with my/our Link Persons, as those listed above, to support our SFP over 14 weeks. The information in this form can be shared with the SFP referral committee.

Signed(Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Signed(Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Signed(Teen): \_\_\_\_\_ Date: \_\_\_\_\_



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