

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.

HOW MANY PLACES ARE REQUIRED ON THE COURSE?				
PLACES REQUIRED 1 <input type="checkbox"/> 2 <input type="checkbox"/>				
LOCATION				
LONDON <input type="checkbox"/>	CAMBRIDGE <input type="checkbox"/>	BIRMINGHAM <input type="checkbox"/>	REDBRIDGE <input type="checkbox"/>	SW <input type="checkbox"/> NE <input type="checkbox"/>
TICK ONE JUNE 1 ST <input type="checkbox"/> JUNE 5 th <input type="checkbox"/>	TBC	SEPTEMBER 18TH	OCTOBER 19TH	TBC
PARENT 1				
FULL NAME				
GENDER	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>	Other <input type="checkbox"/>
ETHNICITY	White British <input type="checkbox"/>	Mixed (any mixed background) <input type="checkbox"/>	Other White <input type="checkbox"/>	Asian or Asian British <input type="checkbox"/>
	Black or Black British <input type="checkbox"/>	Chinese Other ethnic group <input type="checkbox"/>	Do not wish to say <input type="checkbox"/>	
SEXUAL ORIENTATION	Heterosexual <input type="checkbox"/>	Gay <input type="checkbox"/>	Bisexual <input type="checkbox"/>	
	Do not wish to say <input type="checkbox"/>			
RELIGION	Christian <input type="checkbox"/>	Muslim <input type="checkbox"/>	Hindu <input type="checkbox"/>	Jewish <input type="checkbox"/>
	Sikh <input type="checkbox"/>	Other religion <input type="checkbox"/>	Agnostic/atheist <input type="checkbox"/>	
	Do not wish to say <input type="checkbox"/>			
PARENT 2 (ONLY COMPLETE IF YOU INTEND ON TAKING PART IN THE WORKSHOP)				

FULL NAME	
GENDER	Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other <input type="checkbox"/>
ETHNICITY	White British <input type="checkbox"/> Mixed (any mixed background) <input type="checkbox"/> Other White <input type="checkbox"/> Asian or Asian British <input type="checkbox"/> Black or Black British <input type="checkbox"/> Chinese Other ethnic group <input type="checkbox"/> Do not wish to say <input type="checkbox"/>
SEXUAL ORIENTATION	Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Do not wish to say <input type="checkbox"/>
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?	

