|  |  |  |
| --- | --- | --- |
| logo[1]  | **BARNARDO’S****BEACON** **PARENT/CARER ENQUIRY FORM** | B%2EMidlands%2D%28Spot%29%2B%2Ejpg[1] |
|  **If you are the parent or carer of a child under the age of 19, living with the effects of sexual abuse and thinking about seeking or needing support then Beacon is a project designed to help you. The Beacon Project covers all of these areas: Birmingham, Coventry, Dudley, Herefordshire, Sandwell, Staffordshire, Stoke-on-Trent, Shropshire, Telford and Wrekin, Walsall, Warwickshire, Wolverhampton, Worcestershire****If you would like to access our service please complete this Enquiry form; if you need help to complete the form please contact us on 01384 411722** |

1. **Statement – if you are making an enquiry on behalf of your child please complete the following**

|  |
| --- |
| I confirm that I have my child’s permission to share their data with Barnardo’s.Signed: Date :Print full name: Relationship to Child: |

1. **Your Details**

|  |
| --- |
| First Name: Surname: First/spoken Language:Address including postcode:Email Address: Contact/Mobile Telephone Number: What is your preferred method of contact:Text Phone Email LetterIs it ok for us to leave a voicemail message on your mobile? Yes No  |

1. **About your Child**

|  |
| --- |
| Child’s first name: Child’s surname:Child’s preferred name (if different to birth name):Child’s gender identity:Child’s preferred pronouns: Child’s age: Child’s date of birth:Child’s address and postcode (if different to your own):Child’s disability/Special Educational Needs:Does your child attend a school/college/university? Yes No***If yes please provide:***Name of school/college/university:School/College/University Contact Name and Telephone Number:  |

1. **Background**

|  |
| --- |
| Is your child safe and no longer experiencing sexual abuse? Yes No***If no and your/the child is in immediate danger or at risk of harm, please make contact with your local authorities Children’s Services department to report your safeguarding concern.***If yes, when was the last incident of sexual abuse: When did you/the child disclosure details of sexual abuse:Are you/the child in contact with the perpetrator of sexual abuse: Yes NoHas the sexual abuse disclosure been reported to the police? Yes NoIf yes, is the police investigation and/or court case on-going? Yes No***If yes, please provide:***Full Name of Investigating Officer:Investigating Officer contact Number: Has the Sexual Abuse disclosure been reported to Children’s Services? Yes No***If yes, please provide:***Date the disclosure was reported to Children’s services:Does the/your child and or family have a Social Worker? Yes No***If yes please provide….***Social Workers Full Name: Social Workers Contact Number: Social Workers Email Address:  |

1. **Your Support Needs – please let us know what type of support you think will help you at this time**

|  |
| --- |
| What type of support are you looking for to support your/the child? What is worrying you at the moment?What is going well for you and your/the child at the moment? Please specify details of any other agencies providing support to you and/or your child i.e. school, charities?Is your/the child receiving support from CAMHS (Children Adolescent Mental Health Service)? Are you or your child receiving counselling at present? Yes NoIf yes please provide the name of the counselling agency and how many sessions have been/will be provided: If no have you or your child received counselling in the past? Yes NoIf yes please specify approx. date:  |

1. **How did you hear about us?**

|  |
| --- |
| **Online Search Recommendation Signposting Other****If other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| B  UK (CMYK) (3)**PLEASE RETURN THE COMPLETED FORM TO:**Beacon Project, Barnardo’s Black Country Roots, Blantyre House, 4 Barrack Lane, Halesowen, B63 2UXIf you have any questions regarding any section of this form, please contact us on **01384 41172** Our office hours are Monday to Thursday 9am - 5pm and Friday 9am – 4:30pm**Website: www.barnardosbeacon.org.uk****Email:** **barnardosbeacon@barnardos.org.uk** |

**What happens next?**

|  |
| --- |
| * Returned and completed enquiry forms will be received by the Barnardos Beacon Team; forms received via email will receive an automated reply
* Your enquiry will be reviewed and discussed at a weekly triage meetings
* The Beacon team will aim to reply to your enquiry within 7 working days from receipt
* Our reply will include details of services you or your child can contact to access support within the locality you live, which may include one of the following:

 Adult counselling (either face to face or over the phone) Therapeutic parenting and workshops Joining a support group Finding an advocate to give practical support and advice |