## **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 <a href="mailto:coram-adoption-support@coram.org.uk">coram-adoption-support@coram.org.uk</a>
All places are allocated on a first come first served basis.

HOW MANY PLACES ARE REQUIRED ON THE COURSE?									
PLACES REQUIRED 1 2 2									
LOCATION									
LONDON 🗆		CAMBRIDGE□	BIRMINGHAM 🗌	REDBRIDGE 🗌	SW   NE				
TICK ONE  JUNE 1 <sup>ST</sup> JUNE 5th		ТВС	SEPTEMBER 18TH	OCTOBER 19TH	ТВС				
PARENT 1									
FULL NAME									
GENDER	Male								
ETHNICITY	White British								
SEXUAL ORIENTATION	Heterosexual Gay Bisexual Do not wish to say								
RELIGION	Christian								
PARENT 2 (ONLY COMPLETE IF YOU INTEND ON TAKING PART IN THE WORKSHOP)									

FULL NAME							
GENDER	Male 🗌	Female	э 🗌	Transgender	Other		
ETHNICITY		<del></del>		Mixed (any mixed Asian or Asian Bri Chinese Other eth	itish 🗌		
SEXUAL ORIENTATION	Heteroses Do not wi	xual 🗌 ish to say 🔲	Gay 🗌	Bisexual			
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?							



ADOPTED CHILD/REN'S DETAILS								
	Child 1	Child 2	Child 3	Child 4				
NAME(S)								
DOB								
MALE/FEMALE								
ETHNICITY								
RELIGION								
ADOPTION ORDER GRANTED?								
YEARS PLACED WITH YOU								
WHY DO YOU WANT TO ATTEND TH	HE LIFE STORY	BOOK WORKSHO	DP?					
What are your motivations for attending this workshop? (Please tick all that apply)  Please describe any other motivations:	Learn new skills	ence in using the sto produce or unship with child [in other adopters [in other adopters]						
WHERE DID YOU HEAR ABOUT THIS SERVICE?								
LA Social Worker  Voluntary Sector Social Worker  Local Authority Newsletter  Coram Adoption Support Leaflet		Coram Website   Coram email   Adoption Support Group   Friend/ Family Member						
Other (please specify)								