Are you experiencing a difficult relationship breakdown or divorce?

Are you a parent whose child is sometimes caught in the middle of arguments?

Are you worried about talking to your children about the separation?

Are you and your ex-partner struggling to communicate?

Does the stress of the separation affect your health and wellbeing?

Are you finding it difficult to move on and start a new life?

\***If you have experienced fear or violence in your relationship, you should contact Leeds Domestic Violence Service or Early Help hub for further support and advice ~ this programme is not appropriate for you in these circumstances**\*

If you have answered ‘yes’ to any of these questions, then please complete the information below to register your interest in attending a Family Transitions Triple P learning programme:

**NAME:**

**ADDRESS:**

**MOBILE:**

**EMAIL:**

**PREFERRED METHOD AND TIME OF CONTACT**:

Phone [ ]  Email [ ]  Text [ ]  Time\_\_\_\_\_\_\_\_\_\_\_\_\_

How many children do you have? \_\_\_\_\_\_

**Tell us a little bit about your worries regarding your separation:**

|  |
| --- |
|    |

**Tell us what you would most like support with:**

|  |
| --- |
|     |

**Does your ex-partner know about Family Transitions – would you like us to contact them too – if so, please provide contact details:**

|  |
| --- |
|      |

**Please indicate the best time for you to attend Family Transitions:**

IN PERSON  [ ]  ONLINE [ ]

MORNINGS [ ]  AFTERNOONS [ ]   EVENINGS[ ]

**Please tell us what support you might need to make your learning experience more accessible:**

|  |
| --- |
| **For example, do you need support to complete a workbook?** |

**Data collection (optional)**

Please complete info below if applicable.

First Child’s age:

Child’s gender: M [ ]  F [ ]

Second Child’s age:

Child’s gender: M [ ]  F [ ]

Third Child’s age:

Child’s gender: M [ ]  F [ ]

Fourth Child’s age:

Child’s gender: M [ ]  F [ ]

**How did you hear about this Triple P intervention?**

|  |
| --- |
|  |

Parental Consent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE RETURN THIS REQUEST FORM TO: relationshipsmatter@leeds.gov.uk