



"Join Us & Get Involved!" (Parents Panel Recruitment Form)

Calling all parents (mothers/fathers/carers/guardians), here is your opportunity to have your say on the services delivered to your child(ren).

Luton Borough Council's Parent Support Commissioning Team would like to invite you to join a panel of parents to give their views and feedback about local services relating to parenting.

As a member of the panel, you will be asked for your opinion on a range of local initiatives and services. We will engage with you in the way you find easiest, for example by meeting in a group, on the telephone or by email.

To join the panel, simply complete and return this brief recruitment form to the facilitator at the end of the session, the school family worker or post it to the Parent Support Commissioning Team, 2nd Floor, Wesley House, Chapel Street, Luton, LU1 2SE.

Alternatively, you can complete this form online at
<https://secure.luton.gov.uk/surveys/parentspanel>

***Please be assured that we will keep all the information you provide us - safe and confidential**

If you would like to discuss / have any queries, please feel free to contact the Parent Support Commissioning Team on (01582) 548986 or email zunnon.haque@luton.gov.uk

If you need this in large print, on tape or in Polski বাংলা গুজরাती اُرُو  01582 548986

Q1 Please provide your contact details in the boxes below:

Name.....	<input type="text"/>
Home address.....	<input type="text"/>
Postcode	<input type="text"/>
Telephone number - home.....	<input type="text"/>
Telephone number - mobile	<input type="text"/>
Email	<input type="text"/>

Q2 Which of the following ways would you like to be consulted? (Please ✓ all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Postal questionnaire | <input type="checkbox"/> Discussion group / focus group |
| <input type="checkbox"/> Online questionnaire | <input type="checkbox"/> Social networking (facebook, twitter) |
| <input type="checkbox"/> Face-to-face interview | |
| <input type="checkbox"/> Telephone survey | |

Other, please specify

Q3 How would you like the Council to feedback actions / outcomes of consultation to you? (Please ✓ all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Through the Luton Borough Council website | <input type="checkbox"/> Local newspaper |
| <input type="checkbox"/> Council newsletter / letter | <input type="checkbox"/> Email |
| <input type="checkbox"/> Posters: Town Hall One-Stop-Shop | <input type="checkbox"/> Other |

Other, please specify

Q4 Are you a: (Please ✓ one box only)

- | | | | |
|---------------------------------|---------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Carer | <input type="checkbox"/> Guardian |
|---------------------------------|---------------------------------|--------------------------------|-----------------------------------|

Q5 Do you have any children and/or young people within your household in any of the following age groups? (Please ✓ all that apply)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> 0 - 4 years | <input type="checkbox"/> 12 - 16 years |
| <input type="checkbox"/> 5 - 7 years | <input type="checkbox"/> 17 - 19 years |
| <input type="checkbox"/> 8 - 11 years | <input type="checkbox"/> No children under 19 years |

Q6 What is your first spoken language? (Please ✓ one box only)

- | | | |
|-----------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Pahari | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> English | <input type="checkbox"/> Polish | <input type="checkbox"/> Other |
| <input type="checkbox"/> Gujarati | <input type="checkbox"/> Punjabi | |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Sylheti | |

Other, please specify

Q7 Are you? (Please ✓ one box only)

- | | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

Q8 How old are you? (Please ✓ one box only)

- | | | |
|---|--|--|
| <input type="checkbox"/> 16 years and under | <input type="checkbox"/> 26 - 30 years | <input type="checkbox"/> 41 - 45 years |
| <input type="checkbox"/> 17 - 20 years | <input type="checkbox"/> 31 - 35 years | <input type="checkbox"/> 46 - 50 years |
| <input type="checkbox"/> 20 - 25 years | <input type="checkbox"/> 36 - 40 years | <input type="checkbox"/> Over 50 years |

Q9 Which of the following groups best describes you? (Please ✓ one box only)

- | | |
|--|--|
| <input type="checkbox"/> White - British | <input type="checkbox"/> Asian/Asian British - Pakistani |
| <input type="checkbox"/> White - Irish | <input type="checkbox"/> Asian/Asian British - Bangladeshi |
| <input type="checkbox"/> Other White | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Mixed - White and Black Caribbean | <input type="checkbox"/> Black/Black British - Caribbean |
| <input type="checkbox"/> Mixed - White and Black African | <input type="checkbox"/> Black/Black British - African |
| <input type="checkbox"/> Mixed - White and Asian | <input type="checkbox"/> Black Other |
| <input type="checkbox"/> Other Mixed | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Asian/Asian British - Indian | <input type="checkbox"/> East European/East European British |
| <input type="checkbox"/> Asian/Asian British - Kashmiri | <input type="checkbox"/> Other |

Q10 Do you consider yourself to have a disability? (Please ✓ one box only)

- | | |
|--|---|
| <input type="checkbox"/> Yes, problems seeing or hearing | <input type="checkbox"/> Yes, other physical disability |
| <input type="checkbox"/> Yes, learning difficulty | <input type="checkbox"/> No, none |
| <input type="checkbox"/> Yes, emotional difficulty | <input type="checkbox"/> Prefer not to say |

Q11 At present, are you? (Please ✓ one box only)

- | | |
|--|--|
| <input type="checkbox"/> Employed - full time | <input type="checkbox"/> Looking for a job |
| <input type="checkbox"/> Employed - part time | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Studying/Training | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Working from home | <input type="checkbox"/> Other |
| <input type="checkbox"/> Doing unpaid voluntary/community work | |

Other, please specify

Q12 Are you/have you attended any parenting course/programme? (Please ✓ one box only)

- Yes
 No
 Don't know/not sure

If yes, please specify which parenting programme you attend/attended

Q13 **Would you be interested in taking part in any of the following?** *(Please ✓ all that apply)*

- Strengthening Families, Strengthening Communities** - group parenting programme
- Triple P** - one-to-one parenting support programme
- Support group** - parents to discuss self esteem, coping strategies etc.
- Fathers focus group** - peer support for fathers, discussing father issues etc.
- Freedom programme** - look at ways of protecting yourself & your children
- Others**

Other, please specify parenting support that would interest you

Thank you for your kind assistance.

We will write to confirm your details have been entered onto the Parents Panel

You can return your completed form to the facilitator at the end of the session, the school family worker or post it to the Parent Support Commissioning Team, 2nd Floor, Wesley House, Chapel Street, Luton, LU1 2SE.