

Webinar Referral



Section One

FIRST NAME	LAST NAME	DOB	ADDRESS

Mobile

Landline

Email

Section Two

Does the person in section 1 give us permission to contact them using the details given in relation to this, or any other connected course run by Bromley EIFS?

YES NO

Do they have access to the internet and a device through which they can access the session?

Are there any language or additional needs that might affect their interaction with the session? If yes please put further information below

Do they have a safe, quiet space to watch the session?

Section Three

Please tick the boxes if they are interested in

If you know the name of a specific course please enter it in the box opposite.

One off webinar Seminar.

Online workshops over a number of weeks.

Post COVID-19 parenting courses

*Separate parenting referral form will be required but we will note expression of interest

Please give a brief outline of what the person named in section one would hope to gain from joining a webinar or workshop.

Referrer:

Name

Agency

Contact details