

Expression of Interest for Incredible Years Parenting Programme

Details of Child

Name of Child: _____

Dob: _____ Male Female

Ethnicity: _____ Iwi: _____ Hapu: _____

School/ECE: _____

Parent's Name: _____ Phone: Home _____

Address: _____ Mobile _____

_____ Work _____

Email address: _____

Diagnosis/Disability: _____

Where did you find out about IYP?

Name: _____ Contact Phone: _____

Role: _____

Email address: _____

Parent Information

I agree to this Expression of Interest and my information being shared between Ministry of Education - Special Education and other NGO providers (eg Incredible Families Charitable Trust, Family Works, Foalau Alofa).

_____ (Parent's Signature)

Preference for course - day and time : 1. _____
2. _____

Preference for venue : 1. _____
2. _____

Will you bring a support person? Yes / No Name: _____

Names of other children in the family (and dates of birth):

1. _____ dob: _____ 2. _____ dob: _____
3. _____ dob: _____ 4. _____ dob: _____

Are there any barriers to you attending the course that we might be able to help with?

Are there other agencies / professionals involved with your family? Yes / No

If Yes please name them:

PTO →

Specific behavioural or emotional needs of the child:

Parent's Comments:

Please return this completed form to:
Incredible Years - Dawn NIPPERT
Ministry of Education - Special Education
P O Box 30-177
LOWER HUTT 5040

dawn.nippert@education.govt.nz

Office Use Only

Date I received: _____ Acknowledgement letter sent: _____

Prioritisation date: _____ Outcome: _____

Outcome letter sent: _____

JBR job opened: _____

Other: