**Part A: To be completed with Mother**

**First Name: Last Name:**

**Address:**

**Phone:**

**Email:**

**What is your contact preference?**

Phone 🞎 Email 🞎 Text 🞎

Social media 🞎 Any of the above 🞎

**Date of Birth:**

**Expected Baby Due Date:**

**Singleton or Multiple Pregnancy**:

**Q1. Age range:** Under 18 🞎 18-24 🞎 25-34 🞎

 35-44 🞎 45-64 🞎 65+ 🞎

**Q2. Gender:** Male 🞎 Female 🞎

Other 🞎 Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q3. What is your nationality?**

Irish 🞎 Other 🞎 Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q3a.** **If other** please also let us know which region it is in:

UK 🞎 Africa 🞎 Asia 🞎 Europe 🞎

North America and Oceania 🞎 Rest of the World 🞎

**Q4. What is your ethnic or cultural background?**

**White Asian or Asian Irish Black or Black Irish**

Irish 🞎 Chinese 🞎 African 🞎

Irish Traveller 🞎 Any other Asian background 🞎 Any other Black background 🞎

Any other white background 🞎

**Other**

Roma 🞎

Latinx 🞎 Any other Latinx Background 🞎

Other, including mixed background 🞎 Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q5. What is your primary language spoken at home?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If not English**, then **what is your level of English**?

Excellent 🞎 Average 🞎 Poor 🞎

**Q6. What is the highest level of education/training (full time or part time) which you have completed to date?**

No formal education or training 🞎

Primary education 🞎

*(NFQ levels 1 or 2 ; FETAC level 1*

*or2 Cert or equivalent)*

Lower Secondary school 🞎

*(NFQ Level 3; Junior/Inter/Group Cert;*

*FETAC level 3 Cert; FAS Introductory skills;*

*NCVA Foundation Cert or equivalent)*

Upper Secondary school 🞎

*(NFQ levels 4 or 5; Leaving Cert including Applied*

*and Vocational programmes or equivalent)*

Technical or vocational Course 🞎

*(NFQ levels 4 or 5; FETAC Level 4/5 Cert; NCYA level 1/2;*

*FAS specific skills, Teagasc Cert in Agriculture, CERT*

*Craft Cert or equivalent)*

Advanced certificate or completed

Apprenticeship 🞎

*(NFQ level 6; FETAC Advanced Cert, NCVA Level 3, FAS*

*National Craft Cert; Teagasc Farming Cert, CERT Professional Cookery Cert or equivalent)*

Higher certificate 🞎

*(NFQ Level 6; NCEA/HETAC National Cert or equivalent)*

Ordinary Bachelors Degree or National Diploma 🞎

*(NFQ level 7)*

Honours Bachelors Degree/Professional Qualification or both *(NFQ level 8)* 🞎

Postgraduate Diploma or Degree 🞎

*(NFQ level 9; Postgraduate Diploma, Master’s Degree or equivalent))*

 Doctorate (PhD) or Higher *(NFQ level 10)*  🞎

Other 🞎

Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q7. How confident are you about your reading and writing?**

Very Confident 🞎

Confident 🞎

Neither confident nor unconfident 🞎

Not confident 🞎

Not very confident 🞎

**Q8. How would you best describe your present principal status?** *(one answer only)*

Working for payment or profit 🞎

Looking for first regular job (never worked) 🞎

Unemployed 🞎

Student or pupil 🞎

Looking after home or family 🞎

Retired from employment 🞎

Unable to work due to permanent sickness/disability🞎

On employment initiative such as Tus, CE 🞎

Other 🞎 (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q9. What is your current relationship status?**

Married 🞎

Single (never married) 🞎

Civil partnership 🞎

Boyfriend/partner (not living together) 🞎

Separated/Divorced 🞎

Widowed 🞎

Co-Habiting/living with boyfriend/partner 🞎

 Other 🞎

 (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q10. Which of the following best describes the household where the child lives or will live?**

Two parent family living together 🞎

Single parent living with extended family 🞎

Single parent living alone 🞎

Relative/Kinship Care 🞎

Two parent family living apart (co-parenting but living apart) 🞎

**Q11. Do you currently have any children?**  Yes 🞎 No 🞎

**Q11a. If yes, how many and what are their ages?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name of child**  | **Age of child** | **Gender** | **Live with you?** |
| Child 1 |  |  |  |  |
| Child 2 |  |  |  |  |
| Child 3 |  |  |  |  |
| Child 4 |  |  |  |  |
| Child 5 |  |  |  |  |
| Child 6 |  |  |  |  |
| Child 7 |  |  |  |  |

**Q12. Which of the following best describes your current accommodation status?**

Own Home (own with mortgage/loan or own outright) 🞎

*Private Rented* 🞎

*Renting using a HAP payment* 🞎

*Local Authority/council* 🞎

*Voluntary/cooperative housing agency* 🞎

Family Home 🞎

Homeless (sleeping rough, staying in emergency hostels or shelters, staying in

temporary bed and breakfast or hotel accommodation or staying with friends or

relatives when there is nowhere else to go 🞎

Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎

**Q13. Where did you hear about the Program(s)?** (Tick all that apply)

Poster Advertising e.g., shops, bus shelter □ Poster/Leaflet □

Family or friends □ Newspaper □

Social media i.e., Facebook, Twitter, Instagram) □ Radio □

Internet or Website □ Recruitment Officer □

Professional or other service □ Please specify agency/service name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other □ Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q14. Do you have any accessibility requirements? (please specify if any)**

**Q15. Have you ever experienced or are you currently experiencing any of the following areas (please circle all that apply)?**

|  |  |  |
| --- | --- | --- |
| Family breakdown | Mental health difficulties | Bereavement  |
| Addiction (drugs/alcohol) | Homelessness | Additional Need |
| Domestic Abuse | Abuse | Suicidal Ideation |
| Being a refugee or asylum seeker | Disability/long lasting medical condition/difficulty |  |

**Q16. What agencies is/has your family been involved with:**

|  |
| --- |
| **Please refer to the agencies listed below as a guide** |
| Preparing for Life | Public Health Nurse | Addiction Services |
| Employment Services- LES, Tus, Jobs club, Intreo, Seetec | Tusla Social Work | Domestic Violence Services |
| Financial services such as MABS | Counselling Services | Mental Health Services |
| Family/Child Support Services | Probation Services | Housing Services |
| GP | Meitheal |  |

|  |
| --- |
| **Names of agencies currently involved with the family**  |
| **Name of agency** | **Professional Name** | **Contact Details** | **Family member and nature of contact** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Names of agencies historically involved with the family**  |
| **Name of agency** | **Professional Name** | **Contact Details** | **Family member and nature of contact** | **Approximately when?**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Q17. Is there anything else you would like us to know?**

**Significant Other Involvement**

**What is name of father/partner?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Would you like any significant others to be involved in this process. Please specify (as relevant) from the list below:**

Biological father Yes □ No □ N/A □

Partner Yes □ No □ N/A □

Significant other Yes □ No □ N/A □

***Specify:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments:**

**Signature of Mother:**

Please sign below if you are happy that the information included is accurate and to the best of your knowledge

Signature Date

**Part B: To be completed with Father/Partner/Significant Other**

**First Name: Last Name:**

**Address (if different from mother):**

**Phone:**

**Email:**

**What is your contact preference?**

Phone 🞎 Email 🞎 Text 🞎

Social media 🞎 Any of the above 🞎

**Q1. Are you:**

Biological Father 🞎 Partner 🞎 Stepfather 🞎 Significant Other 🞎 Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q2. Age range:** Under 18 🞎 18-24 🞎 25-34 🞎

 35-44 🞎 45-64 🞎 65+ 🞎

**Q3. Gender:** Male 🞎 Female 🞎

Other 🞎 Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q4. What is your nationality?**

Irish 🞎 Other 🞎 Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q4a.** **If other,** please also let us know which region it is in:

UK 🞎 Africa 🞎 Asia 🞎 Europe 🞎

North America and Oceania 🞎 Rest of the World 🞎

**Q5. What is your ethnic or cultural background?**

**White Asian or Asian Irish Black or Black Irish**

Irish 🞎 Chinese 🞎 African 🞎

Irish Traveller 🞎 Any other Asian background 🞎 Any other Black background 🞎

Any other white background 🞎

**Other**

Roma 🞎

Latinx 🞎 Any other Latinx Background 🞎

Other, including mixed background 🞎 Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**If not English**, then **what is your level of English**?

Excellent 🞎 Average 🞎 Poor 🞎

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*(NFQ level 7)*

Honours Bachelor’s Degree/Professional Qualification or both *(NFQ level 8)* 🞎

Postgraduate Diploma or Degree 🞎

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 Doctorate (PhD) or Higher *(NFQ level 10)*  🞎

Other 🞎

Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q8. How confident are you about your reading and writing?**

Very Confident 🞎

Confident 🞎

Neither confident or unconfident 🞎

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Not very confident 🞎

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Student or pupil 🞎

Looking after home or family 🞎

Retired from employment 🞎

Unable to work due to permanent sickness/disability🞎

On employment initiative such as Tus, CE 🞎

Other 🞎 (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Single 🞎

Civil partnership 🞎

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Widowed 🞎

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 (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
|  | **Name of child** | **Age of child** | **Gender** | **Live with you?** |
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| Child 3 |  |  |  |  |
| Child 4 |  |  |  |  |
| Child 5 |  |  |  |  |
| Child 6 |  |  |  |  |
| Child 7 |  |  |  |  |

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*Local Authority* 🞎

*Voluntary/cooperative housing agency* 🞎

Family Home 🞎

Homeless (sleeping rough, staying in emergency hostels or shelters, staying in

temporary bed and breakfast or hotel accommodation or staying with friends or

 relatives when there is nowhere else to go 🞎

Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎

**Q14. Where did you hear about the Program(s)?** (Tick all that apply)

Poster Advertising e.g., shops, bus shelter □ Poster/Leaflet □

Family or friends □ Newspaper □

Social media i.e., Facebook, Twitter, Instagram) □ Radio □

Internet or Website □ Recruitment Officer □

Professional or other service □ Please specify agency/service name:

Other □ Please specify:

**Q15. Do you have any accessibility requirements? (Please specify if any)**

**Q16. Have you ever experienced or are you currently experiencing any of the following areas (please circle all that apply):**

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| --- | --- | --- |
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| Addiction (drugs/alcohol) | Homelessness | Additional Need |
| Domestic Abuse | Abuse | Suicidal Ideation |
| Being a refugee or asylum seeker | Disability/long lasting medical condition/difficulty |  |

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| Financial services such as MABS | Counselling Services | Mental Health Services |
| Family/Child Support Services | Probation Services | Housing Services |
| GP | Meitheal |  |

|  |
| --- |
| **Names of agencies currently involved with the family**  |
| **Name of agency** | **Professional Name** | **Contact Details** | **Family member and nature of contact** |
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|  |  |  |  |

|  |
| --- |
| **Names of agencies historically involved with the family**  |
| **Name of agency** | **Professional Name** | **Contact Details** | **Family member and nature of contact** | **Approximately when?**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Q18. Is there anything else you would like us to know?**

**Signature of Father/Partner/ Stepfather/Significant Other:**

Please sign below if you are happy that the information included is accurate and to the best of your knowledge

Signature Date

**Part C: To be completed once baby is born**

**Child’s Name:**

**DOB:** **Sex** **Duration of pregnancy:**

**Birth Weight:** (lbs and oz) (kg)

**PHN Name**:

**Did you have any of the following?**

Gel induction 🞏 IV induction 🞏 Gas and air 🞏 Pethidine 🞏 Epidural 🞏 Episiotomy 🞏 Other🞏

**Method of delivery:**

Vaginal 🞏 Forceps 🞏 Ventouse 🞏 Caesarean section 🞏 Other🞏

**Were there complications with the birth?**

**Does your baby have any additional needs or health complications**?

**Which method of feeding have you chosen?** Breast 🞏 Bottle 🞏 Combined 🞏

**Any other information?**

**Signature**: **Date:**