



**MT DRUITT LEARNING GROUND – FAMILY SKILLS PROGRAM
ENROLMENT FORM 2021**

PARTICIPANT

SURNAME:	
FIRST NAME:	
ADDRESS:	
SUBURB:	POSTCODE:
PHONE:	MOBILE:
EMAIL:	
DATE OF BIRTH:	NATIONALITY:

EMERGENCY CONTACT IN CASE OF ACCIDENT/SUDDEN ILLNESS:

NAME:	
ADDRESS:	
SUBURB:	POSTCODE:
PHONE:	MOBILE:
EMAIL:	

MEDICAL INFORMATION

ANYTHING WE SHOULD KNOW? <input type="checkbox"/> Yes <input type="checkbox"/> No	
MEDICATION:	
NAME OF DOCTOR IF NEEDED:	
PHONE:	MOBILE:

PERSONAL FAMILY INFORMATION

	YES	NO
PUBLIC HOUSING		
FAMILY MEMBER INCARCERATED OR MATTERS BEFORE THE COURT		
DRUG AND ALCOHOL ISSUES IN FAMILY		
ANY EXPERIENCE OF FAMILY VIOLENCE		
PREVIOUS FAMILY MEMBERS ATTENDING LEARNING GROUND IF YES – WHERE ARE THEY NOW?		
ANY FAMILY CUSTODY ISSUES		

WHO HAS REFERRED YOU TO THE PROGRAM?

FAMILY HAPPINESS CHECK

THIS IS TO HELP YOU IDENTIFY THOSE AREAS THAT YOU FEEL ARE GOING WELL – AND THOSE THAT MAY NEED IMPROVING.

PLEASE GIVE EACH AREA OF FAMILY LIFE A RATING FROM 1-5 (WITH 1 REPRESENTING AN AREA THAT'S REALLY DIFFICULT AND 5 BEING NO PROBLEMS). THIS IS WHERE YOU ARE NOW. AT THE END OF THE COURSE YOU WILL USE THIS SELF-ASSESSMENT TO REVIEW YOUR PROGRESS.

COOPERATION –DO YOUR CHILDREN DO WHAT YOU ASK? DO YOU FIND YOURSELF NAGGING, PLEADING, BEGGING OR ARGUING WITH THEM?	
MORNING ROUTINES (GETTING DRESSED, OUT OF THE DOOR ON TIME ETC)	
MEALTIMES	
SCHOOL/HOMEWORK	
EVENING ROUTINES (BATH/SHOWER-TIME, GOING TO BED, SLEEP ETC)	
CONFLICTS BETWEEN YOUR CHILD AND OTHERS (INCLUDING SIBLINGS)	
HOW DOES YOUR CHILD MANAGE EMOTIONS?	
YOUR UNITED FRONT (WITH YOUR PARTNER AND/OR OTHER CARERS OF YOUR CHILDREN)	
RULES FOR FAMILY LIFE (EG USE OF SCREENS, FAMILY RESPONSIBILITIES, CURFEWS)	
HOW MUCH DO YOU ENJOY BEING A PARENT?	

SIGNATURE: _____

DATE: _____