

Part A: To be completed with Mother

First Name: _____	Last Name: _____
Address: _____ _____ _____	
Phone: _____	
Email: _____	
Date of Birth: _____	
Baby's Expected Due Date: _____	
Singleton or Multiple Pregnancy: _____	
At which hospital are you planning to have your baby (if home birth or alternative please state): _____	

What is your contact preference?

Phone	☐	Email	☐	Text	☐
Social Media	☐	Any of the Above	☐		

Next of Kin:

Name: _____	Relationship: _____
Contact Details: _____	

PFL Home Visiting Family Registration Form

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 & 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 ☐	Indian/Pakistani/Bangladeshi ☐	Any other Black background ☐
Any other White background ☐	Any other Asian background ☐	

Other	
Roma ☐	Arabic ☐
Latinx ☐	Any other Latinx Background ☐
Mixed, write in description ☐	Please specify: _____
Other, write in description ☐	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		Higher Certificate (<i>NFQ Level 6; NCEA/HETAC National Cert or equivalent</i>)	
Primary Education (<i>NFQ levels 1 or 2 ; FETAC level 1 or 2 Cert or equivalent</i>)		Ordinary Bachelors Degree or National Diploma (<i>NFQ level 7</i>)	
Lower Secondary School (<i>NFQ Level 3; Junior/Inter/Group Cert; FETAC level 3 Cert; FAS Introductory skills; NCVA Foundation Cert or equivalent</i>)		Honours Bachelors Degree/Professional Qualification or both (<i>NFQ level 8</i>)	
Upper Secondary School (<i>NFQ levels 4 or 5; Leaving Cert including Applied and Vocational programmes or equivalent</i>)		Postgraduate Diploma or Degree (<i>NFQ level 9; Postgraduate Diploma, Master's Degree or equivalent</i>)	
Technical or Vocational Course (<i>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</i>)		Doctorate (PhD) or Higher (<i>NFQ level 10</i>)	
Advanced Certificate or completed Apprenticeship (<i>NFQ level 6; FETAC Advanced Cert, NCVA Level 3, FAS National Craft Cert; Teagasc Farming Cert, CERT Professional Cookery Cert or equivalent</i>)		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 ☐

PFL Home Visiting Family Registration Form

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

Working for payment or profit	☐	Looking after home or family	☐
Looking for first regular job (never worked)	☐	Retired from employment	☐
Unemployed	☐	Unable to work due to permanent sickness/disability	☐
Student or pupil	☐	On employment initiative such as Tus, CE	☐
Other	☐	Please specify: _____	

Q9. What is your current relationship status?

Married	☐	Single (never married or in a same sex civil partnership)	☐
Remarried	☐	Separated	☐
In a registered same sex civil partnership	☐	Divorced	☐
In a relationship (not living together)	☐	In a relationship (living together)	☐
Widowed	☐	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 alone	☐
Single parent living with extended family	☐	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 with mortgage/loan ☐
- Own home with outright ownership ☐
- Renting (private landlord) ☐
- If yes, do you have a HAP payment? Yes ☐ No ☐
- Renting (local authority/council) ☐
- Renting (voluntary/cooperative housing agency) ☐
- Living with family/extended family in their home (by choice) ☐
- Homeless (sleeping rough including in car or tent) ☐
- Homeless (staying in emergency hostels or shelters, temporary bed and breakfast or hotel accommodation) ☐
- Homeless (staying with family/relatives/friends where there is nowhere else to go including couch surfing) ☐
- Direct Provision Accommodation ☐
- Other (please describe below) ☐

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

- | | | | |
|---|--------------------------|---------------------|--------------------------|
| Poster Advertising e.g., shops, bus shelter | ☐ | Poster/Leaflet | ☐ |
| Family or friends | ☐ | Newspaper | ☐ |
| Social media i.e., Facebook, X, 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)

PFL Home Visiting Family Registration Form

Q15. If you feel comfortable sharing, would you like to let us know if you have in the past experienced/are currently experiencing any of the following? (circle any that apply to you)

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

PFL Home Visiting Family Registration Form

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

Q17a. What ante-natal care (if any) are you receiving?

Hospital Care (Midwife Led-including local midwife clinics)

☐

Hospital Care (Consultant/Clinic)

☐

Hospital and GP Combined Care (Midwife Led)

☐

Hospital and GP Combined Care (Consultant Led)

☐

Midwife Led- Home Birth

☐

No antenatal care

☐

Other (please describe below)

☐

Q17b. What ante-natal education (if any) are you receiving or planning to receive?

Community Antenatal Classes

☐

Hospital Antenatal Classes

☐

Private Antenatal Classes

☐

No antenatal education

☐

Other (please describe below)

☐

Q18. 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:

Biological father	Yes	☐	No	☐	N/A	☐
Partner	Yes	☐	No	☐	N/A	☐
Significant other	Yes	☐	No	☐	N/A	☐

Specify: _____

Comments: _____

Signature of Mother:

I agree for my responses to be used for evaluation purposes and understand that my information will be kept pseudonymised (i.e. my name, address, date of birth etc will not be shared and rather I will have a code). Any information presented will be anonymised ☐

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: _____

Date of Birth: _____

Next of Kin:

Name: _____ **Relationship:** _____

Contact Details: _____

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+ ☐

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Q3. Gender:

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Any other White background ☐	Any other Asian background ☐	

Other	
Roma ☐	Arabic ☐
Latinx ☐	Any other Latinx Background ☐
Mixed, write in description ☐	Please specify:
Other, write in description ☐	Please specify:

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Unemployed	☐	Unable to work due to permanent sickness/disability	☐
Student or pupil	☐	On employment initiative such as Tus, CE	☐
Other	☐	Please specify: _____	

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- Direct Provision Accommodation ☐
- Other (please describe below) ☐

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- | | | | |
|---|--------------------------|---------------------|--------------------------|
| Poster Advertising e.g., shops, bus shelter | ☐ | Poster/Leaflet | ☐ |
| Family or friends | ☐ | Newspaper | ☐ |
| Social media i.e., Facebook, X, 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)

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Q16. 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	

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

Signature of Father/Partner/ Stepfather/Significant Other:

I agree for my responses to be used for evaluation purposes and understand that my information will be kept pseudonymised (i.e. my name, address, date of birth etc will not be shared and rather I will have a code). Any information presented will be anonymised ☐

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

Signature: _____

Date: _____

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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?

Parent's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____