

Registration Pack



Contents:

- Child Protection Agreement
- Data Protection Agreement
- Information Sharing Consent
- HV Expectations Agreement
- HV Programme and Evaluation Consent Forms
- HV Registration Form
- Tip Sheet Delivery Guide

Child Protection Agreement



Child Protection Agreement

All organisations working with children and families have a duty of care under the Children First Act 2015, to ensure that all children are kept safe from harm.

We believe in helping and supporting parents through the journey of raising children. Each child has the right to be safe and each family has the right to be respected and listened to. Therefore, we will always try to speak to you first if we have concerns about your child.

Examples of these concerns may fall under one or more of the following areas:

- **Physical harm:** such as hitting, pinching, slapping or otherwise intentionally hurting a child
- **Emotional harm:** such as bullying, shaming or persistently ignoring a child
- **Neglect:** where a child may regularly, over time not have enough warmth, food, proper clothing or are being left alone
- **Sexual abuse:** where a child may be exposed to sexual content or experience inappropriate touch

Under the Children First Act, we are legally required to report concerns to Tusla (the national Child and Family Agency). The role of Tusla is to work in partnership with families and other services to ensure that children have all the necessary support and resources needed to ensure their physical, emotional, educational and social wellbeing.

At Northside Partnership, we will always do our best to listen to you and be fully upfront in our actions. If you wish to view our full child protection policy, this can be made available to you upon request. If you voice a child protection concern about another child, this information will also be passed on to Tusla.

I understand that Northside Partnership may share information with Tusla if there are concerns about a child's safety or welfare, in line with Children First and Northside Partnership's Child Protection Policy.

Parent/Guardian Signature: _____ Date: _____

Witness / NSP Staff _____ Date: _____

If you have any questions or concerns, please contact:

Northside Partnership Designated Liaison Person

Niall Sexton, (087) 700-3492 / niall.sexton@nspartnership.ie

Data Protection Agreement





Data Sharing Agreement

with Northside Partnership (NSP)

	Office Use (Only)
ID	
Prog.	
Staff	

Welcome to Northside Partnership

We are a not-for-profit organisation and we work with individuals, groups, families and businesses to bring about positive change in your life as well as that of our local community.

We look forward to working with you and hope you take the opportunity to avail of the many supports and services we have to offer.

This is an important document which outlines the range of services available to you.

Most of our services are provided with the support of Irish Government funding. Depending upon the service or supports you take part in, we may be required to share your data with other Government Departments or funders. A full outline of the services and supports we offer, and their data sharing requirements are outlined on page 2 in the **Northside Partnership Services, Data Sharing Guide**.

We ask that you fully read this Guide and confirm you understand our data sharing obligations by completing page 3 of this form.

To provide our services we need to get to know you and gather some information (data) about your current circumstances. In doing so we will commit to work with you in a way that values your skills, capabilities and goals

Types of Information we collect

When you register with us we will collect some **Personal information** such as your name and contact details. We may also ask for some additional or **Sensitive information** which may include your ethnic or cultural background or if you have a disability. This information helps us to tailor our services to meet your needs.

Why we collect your information

- To make sure you are eligible for the service and that we are the right service for you to meet your goals
- To make a plan and to understand your goals/aspirations and challenges.
- To work with you in creating a progression plan and track the activities to completion.
- To research 'what works well' which helps improve our services to better meet what the community sees as important.

Why this agreement is necessary

- To set out the details of the information that we collect, how we process it and who we share it with.
- To explain your rights under data protection law in relation to our processing of your data.
- To acquire your consent/agreement in order to process your personal data (*which may include some sensitive data regarding your background and current circumstances*).

Your Information and how we process it

- We store your information on paper forms and on various databases. Paper records are locked in filing cabinets when not in use and our databases are secured using the latest technology available in accordance with the Data Protection Law.
- Our policy operates on the principle that we keep your personal data for no longer than is necessary and only for the purpose for which we collected it. It is also kept in accordance with any contract obligations that our funders requires us to apply.
- We may share your data with other service providers. This will only be done with your prior agreement (*e.g. contacting a potential employer or making an appointment with another service*).

Your Rights

Under the Data Protection Law you have the right to withdraw from this agreement and/or request a copy of your information at any time. You can also have your information amended and your file permanently deleted.

****Note: the rights of children to be protected from harm overrides all considerations of confidentiality in line with the Children First Act, 2015**

Northside Partnership Services, Data Sharing Guide

Depending upon which service/services you avail, we may be obliged to share your data with our funders. This is to help funders assess how our services are performing as well as to assist our funders in conducting audits. Your data may also be subject to an internal audit conducted by NSP staff as part of our internal quality assurance and compliance processes. The Northside Partnership Services, Data Sharing Guide (see below) outlines our data sharing obligations to our funders. When you register to participate in any of these programmes or supports we will only share your information with the relevant funder as outlined in the Data Sharing Guide. If you have any questions on this please do not hesitate to ask any member of our registration team or your case officer.

Social Inclusion Community Activation Programme (SICAP)

The Social Inclusion Community Activation Programme (SICAP) funds our work in **Education, Enterprise (Start your own business supports and Back to Work Enterprise supports), STEPs, Support Planning, Money Made Sense, Labour Inclusion Programme and Young Community Leaders**. If you participate in SICAP, Pobal, the Dublin City Local and Community Development Committee, the Department of Rural and Community Development and the European Social Fund (ESF) may use anonymised information to assess the performance of the SICAP Programme. They may also request a copy of your paper or digital file for audit purposes. By registering with SICAP your data may also be viewed by our SICAP Partners, SpeedPak and Doras Bui, who co-deliver SICAP in the area with us. If you participate in the Labour Inclusion Programme the City of Dublin Education Training Board (CDETb) may also require reasonable access to programme records, for the purpose of monitoring and evaluating the programme. If you participate in Young Community Leaders your information will be passed onto Foroige and University of Galway for the purposes of registration for Level 6 Award in Youth Leadership and Community Action.

We will provide you with the SICAP Privacy Statement which is also available on our website.

Local Area Employment Services (LAES) and Tús Community Work Placement

If you take part in the Local Area Employment Services or the Tús Community Work Placement programme the Department of Social Protection may use this information to monitor your engagement with the job-seeking process. The Department may also request access to files for audit and verification purpose.

Preparing for Life (PFL)

This means **Home Visiting, Baby Massage, Antenatal Education, Parenting Programs (Triple P or Circle of Security), PEEPS Program (Parent and Baby group), Breastfeeding Support and Strengthening Foundations for Learning**. If engaged with PFL, Tusla may use anonymised information to assess the performance of PFL.

Preparing for Life (Play Therapy)

If engaged with Play Therapy, the HSE may use anonymised information to assess the performance of the service.

Health Programmes

We provide a range of supports under contract to the Health Service Executive. These include **Healthy Food Made Easy, Smoking Cessation** and the **We Can Quit** programmes. The Department of Health/HSE may use this information to monitor your engagement and may request access to files for audit and verification purposes.

Healthy Communities

Healthy Communities Programmes within NSP include Social Prescribing, Healthy Food Made Easy and We Can Quit and Community Health programmes run under Sláintecare. If you agree to take part in these programmes your data will be shared with the HSE for programme planning and evaluation purposes and the HSE may contact you at a later date in regard to the further evaluation of these programmes. For the programmes listed above we will request to record some medical details.

Empowering Communities

If you participate in Empowering Communities programme, Pobal, The Dublin City Local and Community Development Committee, the Department of Rural and Community Development may use anonymised information to assess the performance of the programme. They may also request a copy of your paper or digital file for audit purposes.

Skills for Work

If you participate in Skills for Work, your data may be shared with employers or another internal services in Northside Partnership

Our Agreement (To be completed by you)

☐ By ticking this box I confirm I am over 18

Having read this Data Sharing Agreement I _____ (print name) understand that Northside Partnership will respect my privacy and will only collect, store and share my information for the specific purposes as outlined and to support my participation in the services offered.

- I understand that I must give my consent below but can withdraw from this agreement at any time.
- I understand that the information provide by me will not be disclosed otherwise than in accordance with the law or as outlined in the Northside Partnership Services, Data Sharing Guide.
- I understand that in completing this agreement Northside Partnership, or their funders, may contact me to get feedback on the services or supports that I received.
- I understand that I can learn more about my rights by asking staff or by visiting: <https://www.northsidepartnership.ie/home/data-protection-policy/>

Your Consents

Please tick each box to permit NSP to begin working with you

- ☐ *I give my consent for NSP to record my personal data.
- ☐ *I give my consent for NSP to record my sensitive data.
- ☐ *I give my consent for NSP to record and share my data with funders (as outlined on Page 2).
- ☐ (Optional) I give my consent for NSP to record and share my Personal Public Services Number (PPSN) with funders for long-term tracking of your outcomes

Please Enter The Information NSP Requires

Print Name (IN BLOCKS CAPITALS)		PPS Number (Optional)
Your Home Address		District/Area/Town
Eircode (If known)	Mobile (Phone) No	Email

Gender ☐ Male ☐ Female ☐ Other

Security Questions | Help us verify who you are when we communicate with you

Date of Birth	Mother’s maiden name	School Attended

Your Signature

Please sign here	Today’s Date
Parent/Guardian Signature (if under 18)	

Consent And Authority For Information Sharing



Please Complete

I authorise Preparing for Life staff to **release information** to the following services to support myself and/or my children/ family:

I authorise Preparing for Life staff to **gain information** from the following services to support myself and/ or my children/ family:

Details of information to be shared:

This authorisation will expire when the family exits the service.

Parent Signature:		Date:	
Home Visitor Signature:		Date:	

Consent And Authority For Information Sharing

Parent/Guardian Consent

As the legal guardian of who is under 18 years of age, I understand that they would like Preparing for Life to share information with other services/agencies, and I give my consent for this.

Signature:

Date:

Assent(only to be completed if Mother is under 18)

Parent Signature:

Date:

Home Visitor Signature:

Date:



PFL Home Visiting Expectations Agreement



Dear _____

Welcome to the Preparing for Life Home Visiting Programme! I'm delighted to begin this journey with you and your family. My role is to work in partnership with you — supporting and empowering you as a parent so you can feel confident and enjoy this special time in your life.

What you can expect of me:

- I will arrange at least one home visit per month. These visits typically last about one hour, though we may extend them in certain situations — for example, if you request it or for a particular activity (with your permission).
- I will continue working with you until your child starts school (subject to funding).
- I will share helpful information and parenting tips tailored to your child's developmental stage.
- I will not tell you what to do, but I will provide information and support to help you make the best choices for your family.
- I will treat you and your family with respect at all times.
- I will listen to you, offer support and feedback, and refer you to other services or agencies if you wish.

What we ask from you:

- Please make yourself available for scheduled visits and attend them unless there is an emergency.
- If you cannot attend a visit, let us know in advance. If you don't have phone credit, you can use WhatsApp or email. You can discuss your preferred contact method with your Home Visitor. You're also welcome to follow us at facebook.com/preparingforlifedublin.
- Please inform us of any illness in your household before a scheduled visit. Visits can't go ahead when there is infectious illness, so in turn, if your home visitor is sick, we will also reschedule your visit.
- We encourage you to actively take part in conversations and activities during visits.
- If we are unable to contact you or arrange a Home Visit after 8 attempts in a row over a 6-8 week period, we will assume that you no longer wish to participate in the programme and we will begin the exit process.
- You are free to leave the programme at any time. If you choose to do so, we will respect your decision and ask that you complete a short exit form.

What we cannot do:

- We cannot share your personal information with other services without your consent, except in emergency situations or when there are child protection concerns.
- We cannot move you up on waiting lists for other services.
- We are not able to care for your child during visits if you are busy.

Participant Signature: _____

Date: _____

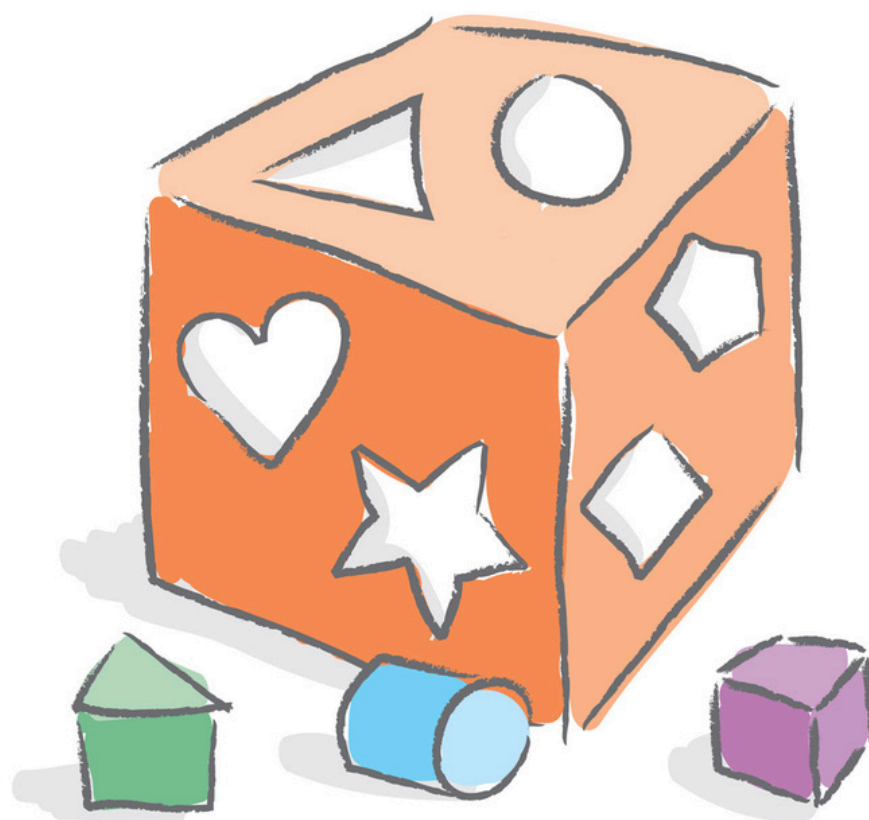
Home Visitor Signature: _____

Date: _____

Home Visitor's Name and Phone Number: _____

Home Visitor's Email: _____

PFL Home Visiting Programme and Evaluation Consent Form



PFL Home Visiting Programme and Evaluation Consent Form

Please Complete

Preparing for Life Home Visiting Programme		Yes	No
I have read the information leaflet about Preparing for Life's Home Visiting Programme or have had it read to me.			
I have had the chance to ask questions and talk about the programme and am happy with the answers I have been given.			
I understand what the programme involves and feel I have received enough information.			
I understand that I am free to withdraw from the programme at any time, without giving a reason.			
I agree to take part in the programme, and I agree that my baby can take part in the programme.			

Signature:

Date:

Home Visitor Signature:

Date:

Assent Form	
Parent Signature:	Date:
Home Visitor Signature:	Date:

Parent/Guardian Consent	
As the legal guardian of someone under 18 years of age, I understand that they would like to take part in the Preparing for Life programme, and I give my consent for them to do so.	
Signature:	Date:

All families should complete the following consent for
Research and Evaluation

Research and Evaluation Consent

I agree for my information (demographic and engagement or activity in programme) 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 (that will protect my identity). Any information presented will be anonymised and primarily in statistical format. I also understand that my consent will be gathered again prior to each interview.

Parent Signature:

Date:

Home Visitor Signature:

Date:

Promotional Materials Consent

I understand that pictures (individual and group) have been/will be taken by the Preparing for Life programme. I give permission for my picture and my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, PowerPoint, promotional videos, etc.) in highlighting the programme. Names will not be used.

By signing this, I release Preparing for Life Staff, The Northside Partnership, the Department of Children and Youth Affairs, and Tusla from any liabilities arising from using said photographs.

Parent Signature:

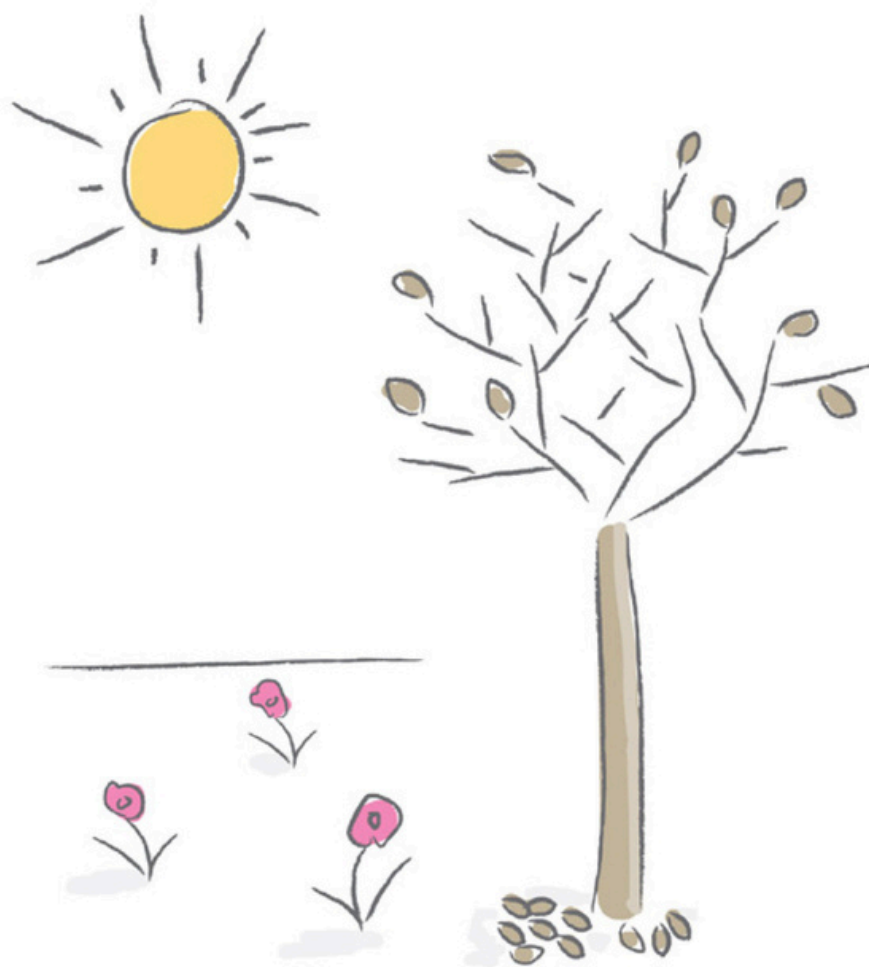
Date:

Home Visitor Signature:

Date:



PFL Home Visiting Family Registration Form



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:

Under18 ☐ 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+ ☐

PFL Home Visiting Family Registration Form

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 & Oceania ☐ Rest of the World ☐

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:

Q6. What is your primary language spoken at home? _____

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

Excellent ☐ Average ☐ Poor ☐

Q7. 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:	

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

- Very Confident ☐
- Confident ☐
- Neither confident nor unconfident ☐
- Not confident ☐
- Not very confident ☐

Q9. 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: _____	

Q10. 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: _____	

Q11. 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)	☐		

Q12. Do you currently have any children?

Yes ☐ No ☐

Q12a. 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				

Q13. 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)				☐

Q14. 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: _____	

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

PFL Home Visiting Family Registration Form

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	

Q17. 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?

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: _____

PFL Home Visiting Family Registration Form

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: _____

Tip Sheet Delivery Guide



PFL Number: _____

✓	Code	Topic - Safety and Supervision	Supporting Information	Stage	Date of Delivery
	SS1	Smoking – Making Healthy Choices	- Give your Baby a breather - Smoking Cessation Information	Pre-birth	
	SS2	Alcohol and Drugs – Making Healthy Choices	- Rethinking your drinking - The little book of women and drinking	Pre-birth	
	SS3	Healthy Relationships	Local Domestic abuse services information	Pre-birth	
	SS4	Protecting our children	Child Protection Agreement signed	0-4 years	
	SS5	How to hold your baby safely		Pre-birth	
	SS6	Caring for your baby		Pre-birth – 12 months	
	SS7	Common Illnesses		0-4 years	
	SS8	Immunisations	Your child's immunisations: A guide for Parents booklet	Pre-birth – 2 years	
	SS9	Contacting your doctor		Pre-birth – 4 years	
	SS10	How to check a rash	Meningitis and Septicaemia card	0-5 years	
	SS11	Travelling with your baby	- Be smart, be sun smart - Fun in the Sun fact sheet	0-4 years	

✓	Code	Topic - Parental Supports	Supporting Information	Stage	Date of Delivery
	PS1	First Trimester	A guide to pregnancy, month by month	Pre-birth	
	PS2	Ante-Natal Classes		Pre-birth	
	PS3	Second Trimester		Pre-birth	
	PS4	Third Trimester		Pre-birth	
	PS5	Packing for Hospital		Pre-birth	
	PS6	C-Section		Pre-birth	
	PS7	Pain Relief		Pre-birth	
	PS8	Labour and Delivery		Pre-birth	
	PS9	Interventions during Labour		Pre-birth	
	PS10	Birth Preference		Pre-birth	

✓	Code	Topic - Parental Supports	Supporting Information	Stage	Date of Delivery
	PS11	After the Birth	Advice for parents after the birth, HSE	Pre-birth	
	PS12	Mood Swings and PND	PND, A guide for mothers, family and friends	Pre-birth+	
	PS13	Changing your Baby's nappy		Pre-birth	

✓	Code	Topic - Rest and Routine	Supporting Information	Stage	Date of Delivery
	RR1	Rest & Stress During Pregnancy		Pre-birth	
	RR10	Pelvic Floor		Pre-birth - 12 months	

✓	Code	Topic - Social and Emotional	Supporting Information	Stage	Date of Delivery
	SED1	Getting to know your Baby	0-6 months PFL Developmental Guide	Pre-birth	
	SED2	Becoming a parent		Pre-birth	
	SED3	Becoming a dad		Pre-birth	
	SED4	Attachment & Bonding		Pre-birth	
	SED4a	Attachment - Circle of Security - Circle of Trust - Circle of Repair		Pre-birth+	
	SED7	A father's bond		Pre-birth+	

✓	Code	Topic - Nutrition	Supporting Information	Stage	Date of Delivery
	N1	Nutrition during Pregnancy		Pre-birth	
	N2	What to eat while you're pregnant	Healthy Eating during Pregnancy	Pre-birth	
	N3	Sugar levels during pregnancy		Pre-birth	
	N4	Weight gain and food safety		0-4 years	
	N5	The right nutrients		Pre-birth	
	N6	Common Pregnancy Complaints		Pre-birth – 12 months	
	N7	Breastfeeding	Breastfeeding, A good Start in Life	0-4 years	

✓	Code	Topic - Nutrition	Supporting Information	Stage	Date of Delivery
	N8	Breastfeeding Patterns		Pre-birth	
	N9	Positioning for Breastfeeding		Pre-birth	
	N10	Continuing to Breastfeed (X2 Tipsheets)		Pre-birth – 12 months	
	N11	Storing Breast Milk & Weaning		Pre-birth – 12 months	
	N12	Formula Feeding and Sterilising	- How to prepare your baby's bottle feed - Bottle propping information	Pre-birth – 12 months	

✓	Code	Topic - Goals and Aspirations Action Plan	Supporting Information	Stage	Date(s) of Delivery
	N/A	Goals and Aspirations Action Plan	- How to prepare your baby's bottle feed - Bottle propping information	Pre-birth – 5 years	



PFL Number: _____

Book Alert
Faces Cloth Book

✓	Code	Topic - Safety and Supervision	Supporting Information	Stage	Date of Delivery
	SS12	Safe feeding		6 – 12 months	
	SS13	Keeping baby safe	• Safe sleeping for your baby Info	0 – 2 years	
	SS14	Teething		6 months – 2 years	
	SS15	Basic First Aid	• Child Safety wall chart • Child Safety (Traveller) wall chart	0 – 2 years	
	SS16	Safe Rooms Checklist	• Fire Safety at home information • Fire Safety for the Travelling Community at home • Poison prevention guidelines	6 months+	
	SS17	Television and Screen Time	Play pack information and Certificate	0 – 2 years	
	SS19	Soothers	• Soother use image	0 – 12 months	
	SS20	Common Viral illnesses and Head lice		0 – 5 years	
	SS21	Caring for teeth		6 months – 2 years	
	SS26	Reducing Your Family's Risk of Infection		0 – 5 years	

✓	Code	Topic - Parental Supports	Supporting Information	Stage	Date of Delivery
	PS14	Adjusting and Support	• Info on local postnatal / parent & baby group	0 - 12 months	
	PS15	Family Planning after child birth		0 - 12 months	
	PS16	Relationships		0 - 12 months	
	PS17	Blended Families and Conflict	• Local support services information	0 – 5 years	
	PS18	Self-care for parents	• My self-care plan		
	PS19	Finding the right childcare		6 months+	
	PS21	Work and Entitlements		0 – 4 years	

✓	Code	Topic - Rest and Routine	Supporting Information	Stage	Date of Delivery
	RR2	Routine		0-12 months	
	RR3	Crying		0-12 months	
	RR4	Sleep	• Reducing the risk of cot death	0-6 months	
	RR5	Safety & Sleeping		0-12 months	
	RR6	Sleep		6-12 months	
	RR11	Stress		0-5 years	
	RR12	Mindfulness		0-5 years	

✓	Code	Topic - Social and Emotional Development	Supporting Information	Stage	Date of Delivery
	SED5	Responsive Bottle Feeding		0-12 months	
	SED6	Secure Base		0-12 months	
	SED8	Communication and Mutual Gaze		0-3 months	
	SED9	Regulation and Tired Signs		0-12 months	
	SED10	Confidence		6-12 months	
	SED11	Strangers		4 months +	

✓	Code	Topic - Nutrition	Supporting Information	Stage	Date of Delivery
	N13	Winding		0–6 months	
	N14	Weaning to solids	• Blender • First 1,000 days • Feeding your baby, Introducing family meals	6-12 months	
	N15	Recipes for weaning		6–12 months	

Reminder:
Did you give the
faces cloth
book?

✓	Code	Topic - Cognitive	Supporting Information	Stage	Date of Delivery
	CD1	Thinking and Learning	• 0-6 month PFL Developmental Milestones	0-3 months	
	CD2	Listening and Talking	• Nursery Rhymes 1	0-3 months	
	CD3	Movement		0-3 months	
	CD4	Movement		3-6 months	
	CD5	Hand-eye coordination	• Child Safety and Toys information	0-6 months	
	CD6	Reading with infants		0-12 months	
	CD7	Thinking and learning		3-6 months	
	CD8	Listening and talking		3-6 months	
	CD9	Reading together		0-4 years	
	CD10	Playing to learn		0-12 months	
	CD11	Books and Stories		0-2 years	
	CD12	Thinking and Learning	• 0-6 month PFL Developmental Milestones	6-12 months	
	CD13	Language	• Nursery Rhymes 2	6-12 months	
	CD14	Movement	• Baby walker Information	6-12 months	
	CD15	Hand – Eye Coordination		6-12 months	
	CD16	Playing and Learning	• Action and Rhymes	6-12 months	
	CD18	Developing your child's language		0-2 years	



PFL Number: _____

Book Alert
Goodnight
Moon book
at age 1

✓	Code	Topic - Safety and Supervision	Supporting Information	Stage	Date of Delivery
	SS18	Teaching your child safety		1 – 5 years	
	SS23	Family Outings	• Be smart, sun smart • Swimming with your child • Fun in the sun fact sheet	1 – 5 years	

✓	Code	Topic - Parental Supports	Supporting Information	Stage	Date of Delivery
	PS20	Activity and Exercise		1 - 2 years	

✓	Code	Topic - Rest and Routine	Supporting Information	Stage	Date of Delivery
	RR7	Sleep		1 - 2 years	

✓	Code	Topic - Social and Emotional	Supporting Information	Stage	Date of Delivery
	SED12	Self-Awareness and Self Assertion		1-2 years	
	SED13	Tantrums and Hurting Others		1-2 years	
	SED14	Biting		1-3 years	
	SED15	Child/Parent relationships		1-4 years	
	SED16	Praise and Self Esteem		1-3 years	

✓	Code	Topic - Nutrition	Supporting Information	Stage	Date of Delivery
	N16	Food Groups		1-5 years	
	N17	Healthy Eating		1-4 years	
	N18	Food labels		1-4 years	
	N19	Smart drinks for Smart Kids		1-5 years	
	N20	Balanced Lifestyle		1-4 years	

✓	Code	Topic - Cognitive	Supporting Information	Stage	Date of Delivery
	CD17	Developing language skills	12 – 18 month PFL Developmental Milestones 18 – 24 month PFL Developmental Milestones	1 -2 years	
	CD19	Listening and Talking		1 -2 years	
	CD20	Listening and Talking Guide		1 -2 years	
	CD21	Movement Guide		1 -2 years	
	CD22	Learning to read		1 -2 years	
	CD23	Reading with 1 and 2 year Olds		1 -2 years	
	CD24	Sensory Play		1 -2 years	
	CD25	Learning Numbers		1 -2 years	



PFL Number: _____

Reminder:
Did you give Owl Babies at age 2?

✓	Code	Topic - Safety and Supervision	Supporting Information	Stage	Date of Delivery
	SS23	Understanding TV, Film and Game Ratings		2 – 5 years	
	SS24	Outdoor Play		2 – 5 years	
	SS25	Internet Safety		3 – 5 years	

✓	Code	Topic - Rest and Routine	Supporting Information	Stage	Date of Delivery
	RR8	Toilet Training		2-4 years	
	RR9	Night Time Toilet Training		2-4 years	

✓	Code	Topic - Social and Emotional Development	Supporting Information	Stage	Date of Delivery
	SED17	Sharing and Caring		2-3 years	
	SED18	Friendships		2-4 years	
	SED19	Fears and Nightmares		2-4 years	
	SED20	Lies and whining		2-4 years	
	SED21	Going to pre-school		3-4 years	
	SED22	Creative Play		3-4 years	
	SED23	Role Play		3-4 years	
	SED24	Learning about feelings		3-4 years	
	SED25	Empathy		0-5 years	
	SED26	Talking about Death and Dying		2-5 years	
	SED27	Feeling Words		3-4 years	
	SED28	Feeling Wheel		3-4 years	
	SED29	Welcoming a new child to the family		0-4 years	

✓	Code	Topic - Nutrition	Supporting Information	Stage	Date of Delivery
	N21	Developing Healthy Habits		2–5 years	

Book Alert
Postman's Bear at age 3

Book Alert
Don't let the pigeon drive the bus at age 4

✓	Code	Topic - Cognitive Development	Supporting Information	Stage	Date of Delivery
	CD26	Early Writing skills		2–4 years	
	CD27	Vocabulary at 2 years	• 2 – 4 years PFL Developmental Milestones	2-4 years	
	CD28	Play		2-4 years	
	CD29	Children and art		2-4 years	
	CD30	Art, Just You and Me		2-4 years	
	CD31	Getting dressed		2-4 years	
	CD32	Playing and learning outside		2-4 years	
	CD33	Hop, Skip and Jump		2-4 years	
	CD34	Using Scissors	• Cutting Exercises	2-4 years	
	CD35	Introducing Maths to your child		2-4 years	
	CD36	Tying Shoelaces		4+ years	

✓	Code	Topic - Transitions to Primary School	Supporting Information	Stage	Date of Delivery
	TPS1	Fine and Gross motor skills		4–5 years	
	TPS2	Independent Skills		4–5 years	
	TPS3	Language and Communication Skills		4–5 years	
	TPS4	Social and Emotional Skills		4–5 years	
	TPS5	Thinking Skills		4–5 years	