



## 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 – Sector Enablement & Support and other NGO providers (eg Incredible Families Charitable Trust, Family Works, Folau Alofa).

\_\_\_\_\_ (Parent's Signature)

PTO/.....

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: \_\_\_\_\_

**Specific behavioural or emotional needs of the child:**

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**Parent's Comments:**

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**Please return this completed form to:**

Incredible Years – Christine HENDRA  
Ministry of Education – Sector Enablement & Support  
P O Box 30-177  
LOWER HUTT 5040  
Ph. 04 439 4642

[christine.hendra@education.govt.nz](mailto:christine.hendra@education.govt.nz)

<p><i>Office Use Only</i> Date I received: _____ Acknowledgement letter sent: _____  Prioritisation date: _____ Outcome: _____  Outcome letter sent: _____  JBR job opened: _____  Other: _____</p>
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